

Sentri7™

Federally Mandated CLABSI and SSI Reporting to NHSN

Presented by:

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**Director of Infection
Prevention**

Sentri7



Presentation Overview

- ***CMS (Medicare) Reporting Requirements***
- ***NHSN Enrollment***
- ***NHSN Patient Safety Component Module***
 - *Device Associated Module (CLABSI)*
 - *Procedure Associated Module (SSI)*
- ***Monthly Reporting Plan***
 - *Data Submission to NHSN*
- ***Resources***

Federally Mandated Reporting

Collection of Central Line Associated Blood Stream Infection (CLABSI) rates in ICUs and NICUs for FY 2013 payment determination begins in January 2011

Collection of Surgical Site Infection (SSIs) for the FY 2014 payment determination will begin in 2012.

Federally Mandated Reporting

- **Hospitals that do not submit CLABSI and SSI data will be subject to a reduction in their Medicare Annual Payment Update starting in FY 2013.**
- **Your hospital's data will be publicly reported on the CMS Hospital Compare Web site.**

Value Based Purchasing

- **CMS has aggressively adopted a Value Based Purchasing model.**
- **CMS is transforming from a passive payer for services to a prudent (pay for performance) purchaser of services, paying not just for quantity of services but for quality as well.**
- **No longer rewarding JUST for data submission.**

Pay-for-Performance (P4P) & Value Based Purchasing

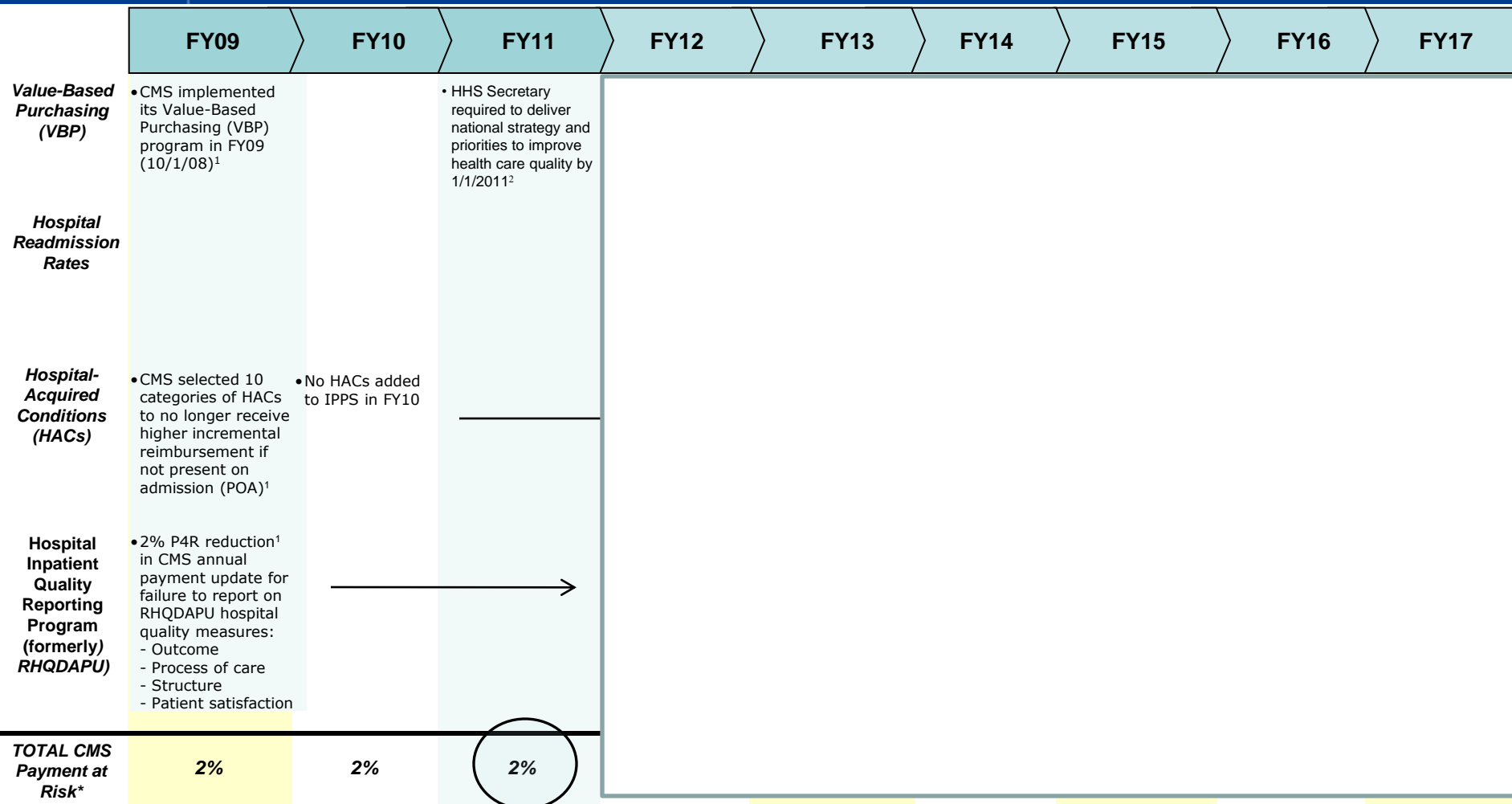
P4P is a type of value-based purchasing that provides an incentive-based reimbursement system.

Financial incentives reward providers for the achievement of a range of payer objectives.



The CMS Roadmap to P4P

Up to 8% of CMS payment "at risk" by 2017



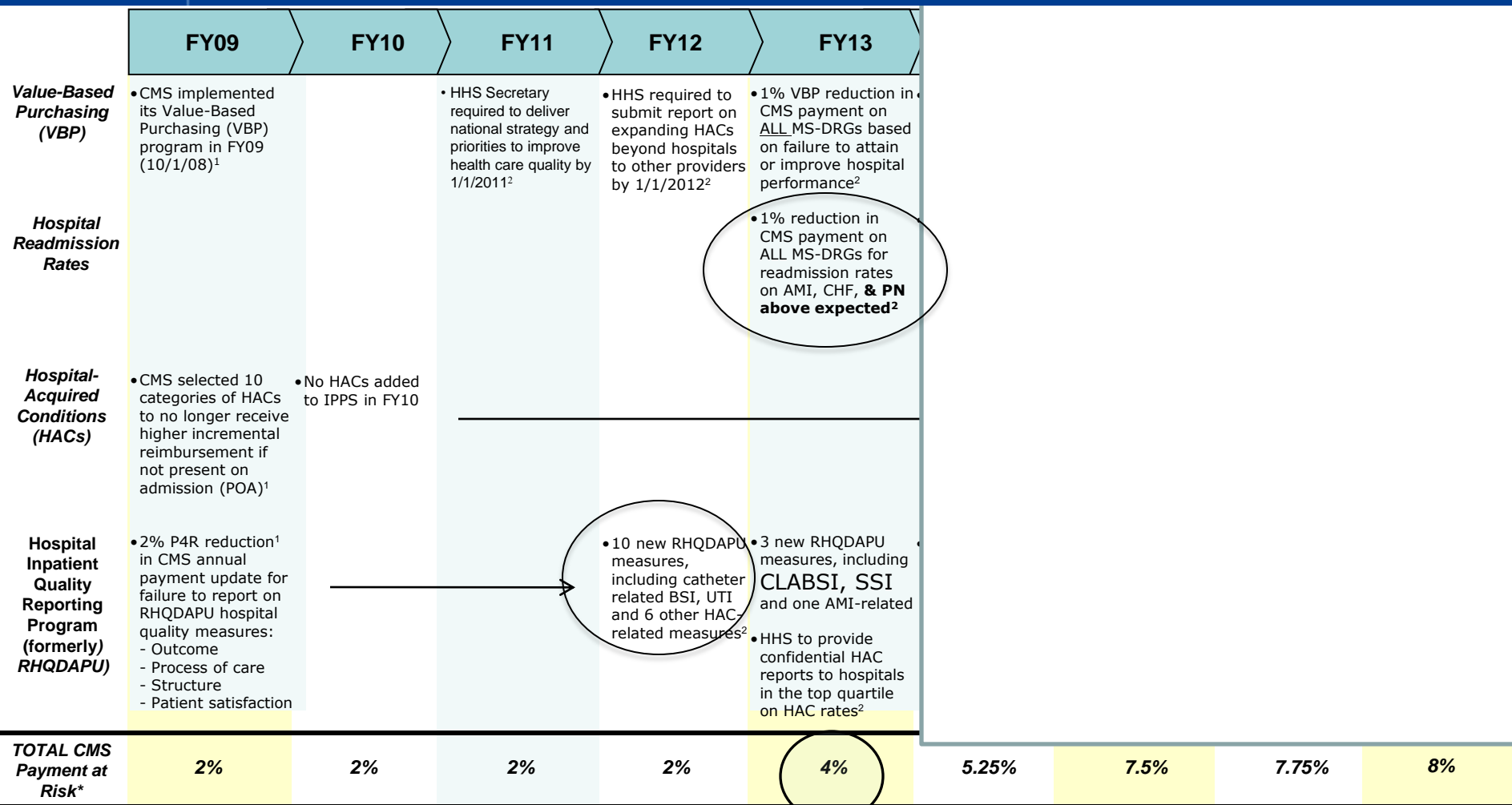
¹ Deficit Reduction Act (DRA) of 2005, Section 5001(a) raised pay-for-reporting penalty from 0.4% to 2% of CMS annual payment update, Section 5001(b) authorized CMS to implement a Medicare value-based purchasing (VBP) program beginning in FY09; Section 5001(c) required CMS to select at least two hospital-acquired conditions (HACs) for FY09 implementation.

² Patient Protection and Affordable Care Act (PPACA) of 2010, Sections 3001, 3008 and 3011; CMS IPPS FY11 Proposed Rule, April 19, 2010.

* NOTE: Hospitals penalized for failure to report under RHQDAPU "pay for reporting" are excluded from VBP; Total CMS Payment at Risk does not include impact of lost reimbursement due to incremental cost to treat HACs not present on admission (POA).

The CMS Roadmap to P4P

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The CMS Roadmap to P4P

Up to 8% of CMS payment "at risk" by 2017

	FY09	FY10	FY11	FY12	FY13	FY14	
Value-Based Purchasing (VBP)	<ul style="list-style-type: none"> CMS implemented its Value-Based Purchasing (VBP) program in FY09 (10/1/08)¹ 		<ul style="list-style-type: none"> HHS Secretary required to deliver national strategy and priorities to improve health care quality by 1/1/2011² 	<ul style="list-style-type: none"> HHS required to submit report on expanding HACs beyond hospitals to other providers by 1/1/2012² 	<ul style="list-style-type: none"> 1% VBP reduction in CMS payment on <u>ALL</u> MS-DRGs based on failure to attain or improve hospital performance² 	<ul style="list-style-type: none"> 1.25% reduction in CMS payment based on VBP quality measures and incentives² 	
Hospital Readmission Rates					<ul style="list-style-type: none"> 1% reduction in CMS payment on ALL MS-DRGs for readmission rates on AMI, CHF, & PN above expected² 	<ul style="list-style-type: none"> 2% reduction in CMS payment on <u>ALL</u> MS-DRGs for readmission rate on AMI, CHF & PN above expected² 	
Hospital-Acquired Conditions (HACs)	<ul style="list-style-type: none"> CMS selected 10 categories of HACs to no longer receive higher incremental reimbursement if not present on admission (POA)¹ 	<ul style="list-style-type: none"> No HACs added to IPPS in FY10 	→				
Hospital Inpatient Quality Reporting Program (formerly RHQDAPU)	<ul style="list-style-type: none"> 2% P4R reduction¹ in CMS annual payment update for failure to report on RHQDAPU hospital quality measures: <ul style="list-style-type: none"> - Outcome - Process of care - Structure - Patient satisfaction 	→			<ul style="list-style-type: none"> 10 new RHQDAPU measures, including catheter related BSI, UTI and 6 other HAC-related measures² 	<ul style="list-style-type: none"> 3 new RHQDAPU measures, including CLABSI, SSI and one AMI-related HHS to provide confidential HAC reports to hospitals in the top quartile on HAC rates² 	<ul style="list-style-type: none"> HHS to add efficiency measures, incl. risk-adjusted Medicare spending per beneficiary²
TOTAL CMS Payment at Risk*	2%	2%	2%	2%	4%	5.25%	

¹ Deficit Reduction Act (DRA) of 2005, Section 5001(a) raised pay-for-reporting penalty from 0.4% to 2% of CMS annual payment update, Section 5001(b) authorized CMS to implement a Medicare value-based purchasing (VBP) program beginning in FY09; Section 5001(c) required CMS to select at least two hospital-acquired conditions (HACs) for FY09 implementation.

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The CMS Roadmap to P4P

Up to 8% of CMS payment "at risk" by 2017

	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Value-Based Purchasing (VBP)	<ul style="list-style-type: none"> CMS implemented its Value-Based Purchasing (VBP) program in FY09 (10/1/08)¹ 		<ul style="list-style-type: none"> HHS Secretary required to deliver national strategy and priorities to improve health care quality by 1/1/2011² 	<ul style="list-style-type: none"> HHS required to submit report on expanding HACs beyond hospitals to other providers by 1/1/2012² 	<ul style="list-style-type: none"> 1% VBP reduction in CMS payment on <u>ALL</u> MS-DRGs based on failure to attain or improve hospital performance² 	<ul style="list-style-type: none"> 1.25% reduction in CMS payment based on VBP quality measures and incentives² 	<ul style="list-style-type: none"> 1.5% reduction in CMS payment based on VBP quality measures and incentives²
Hospital Readmission Rates					<ul style="list-style-type: none"> 1% reduction in CMS payment on <u>ALL</u> MS-DRGs for readmission rates on AMI, CHF, & PN above expected² 	<ul style="list-style-type: none"> 2% reduction in CMS payment on <u>ALL</u> MS-DRGs for readmission rate on AMI, CHF & PN above expected² 	<ul style="list-style-type: none"> 3% reduction in CMS payment on <u>ALL</u> MS-DRGs for readmission rates on AMI, CHF, PN, & COPD, CABG, PTCA and other vascular²
Hospital-Acquired Conditions (HACs)	<ul style="list-style-type: none"> CMS selected 10 categories of HACs to no longer receive higher incremental reimbursement if not present on admission (POA)¹ 	<ul style="list-style-type: none"> No HACs added to IPPS in FY10 	→				<ul style="list-style-type: none"> 1% reduction in CMS payment for <u>ALL</u> MS-DRGs for hospitals with HAC incidence rates in top quartile²
Hospital Inpatient Quality Reporting Program (formerly RHQDAPU)	<ul style="list-style-type: none"> 2% P4R reduction¹ in CMS annual payment update for failure to report on RHQDAPU hospital quality measures: <ul style="list-style-type: none"> - Outcome - Process of care - Structure - Patient satisfaction 	→		<ul style="list-style-type: none"> 10 new RHQDAPU measures, including catheter-related BSI, UTI and 6 other HAC-related measures² 	<ul style="list-style-type: none"> 3 new RHQDAPU measures, including CLABSI, SSI and one AMI-related HHS to provide confidential HAC reports to hospitals in the top quartile on HAC rates² 	<ul style="list-style-type: none"> HHS to add efficiency measures, incl. risk-adjusted Medicare spending per beneficiary² 	<ul style="list-style-type: none"> HHS to publicly-report HAC rates for all hospitals on Hospital Compare website² Future measures under consideration for RHQDAPU include VAP, MDRO and CDAD
TOTAL CMS Payment at Risk*	2%	2%	2%	2%	4%	5.25%	7.5%

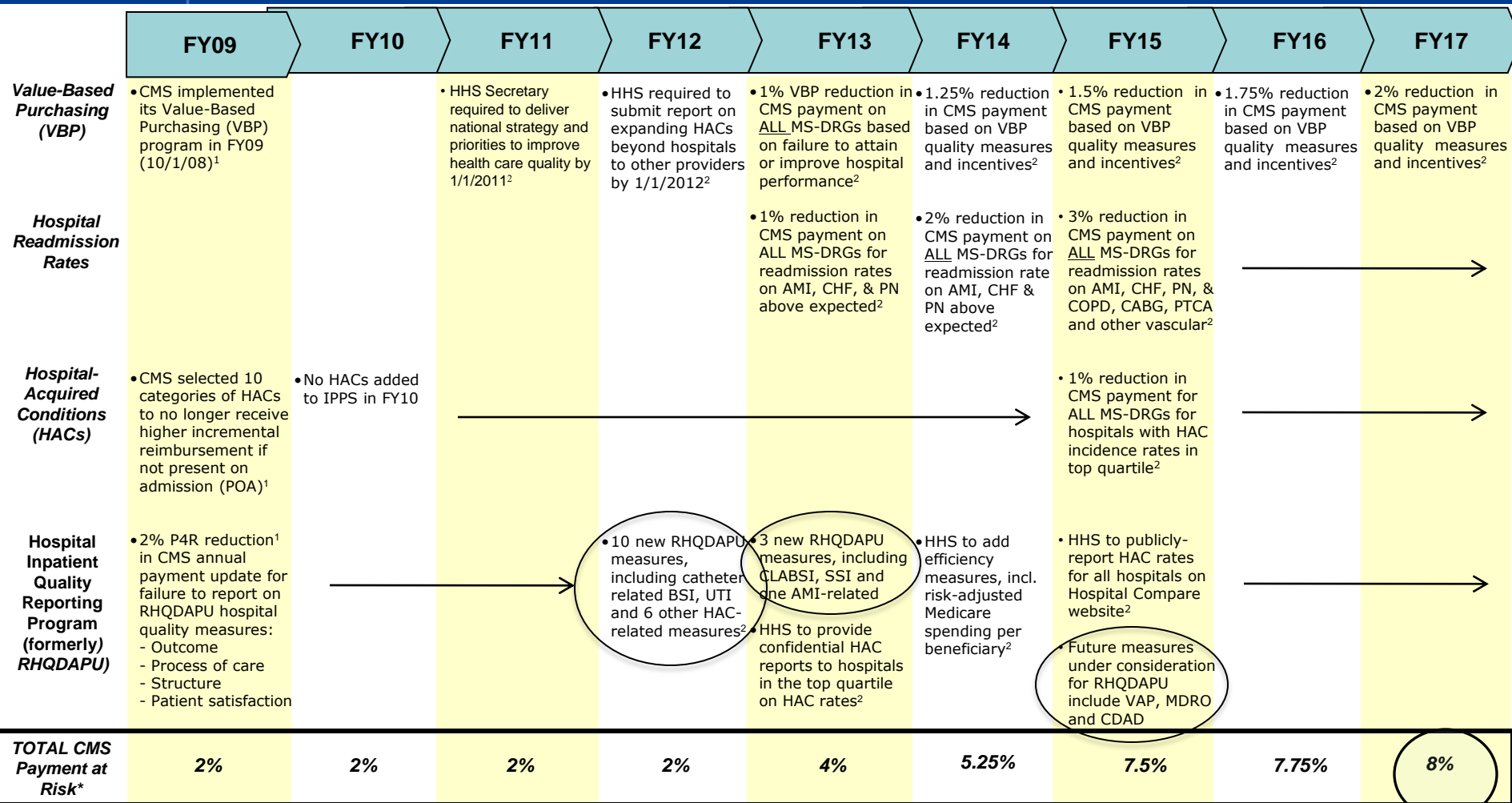
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NHSN Update – November 30, 2010

- **Up to 4500 hospitals are expected to report to CMS.**
- **3624 hospitals enrolled.**
- **NHSN will be fully staffed for the next several weeks, so turnaround time should be quick.**
- **2011Q1 data entered into the system by Aug 15, 2011.**
- **As long as participating hospitals collect the CLABSI data (numerators and denominators) according to the NHSN protocol beginning in January 2011, they can enter them once they get enrolled.**

Email: nhsn@cdc.gov

Getting Started in NHSN Facility Administrator Enrollment Guide

- **Step 1. Read the NHSN Rules of Behavior**
- **Step 2. Register with NHSN**
- **Step 3. Obtain your Digital ID Certificate**
 - 3a. Apply for a CDC Digital ID Certificate
 - 3b. Create and Safely Store your Challenge Phrase
 - 3c. Check your Email
 - 3d. Download and Install your Digital ID Certificate Using Internet Explorer
 - 3e. Make a Backup Copy of your Digital ID Certificate
 - 3f. Installing your Digital ID Certificate on another Computer
- **Step 4. Enroll in NHSN**

<http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>

Getting Started in NHSN Facility Administrator Enrollment Guide

- **Step 4. Enroll in NHSN**
 - 4a. Download and Print Enrollment Forms
 - 4b. Access NHSN Enrollment and complete Facility Contact Information and Facility Survey online. 27

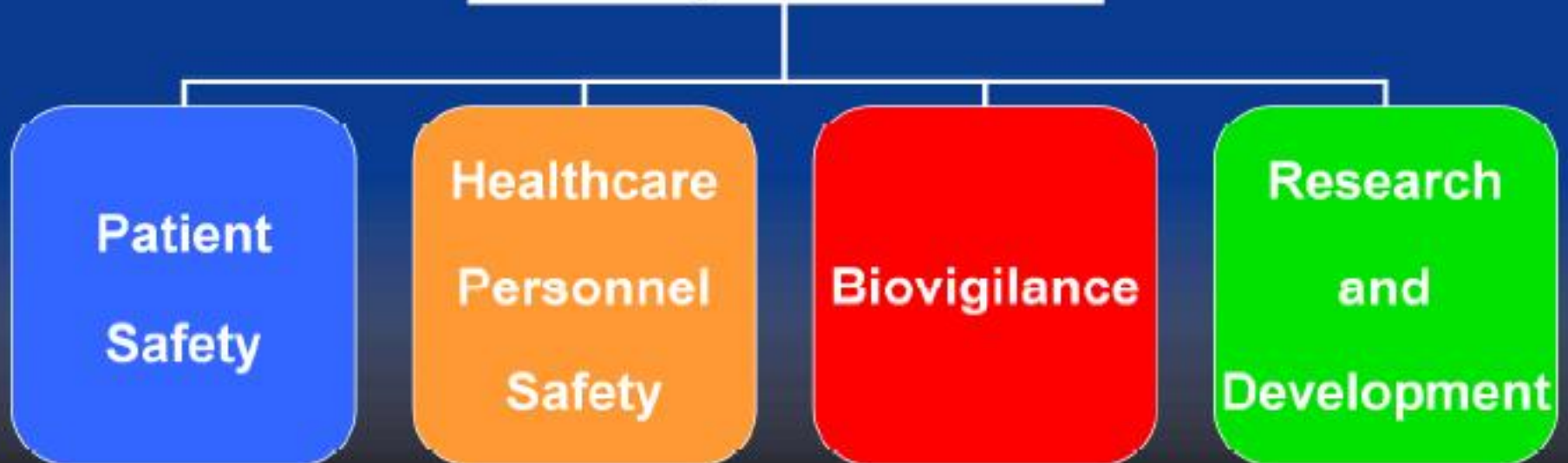
- **Step 5. Print, Sign, and Return Signed Consent form to CDC**
 - 5a. Print the Agreement to Participate and Consent

- **Step 6. Begin Using NHSN Reporting**

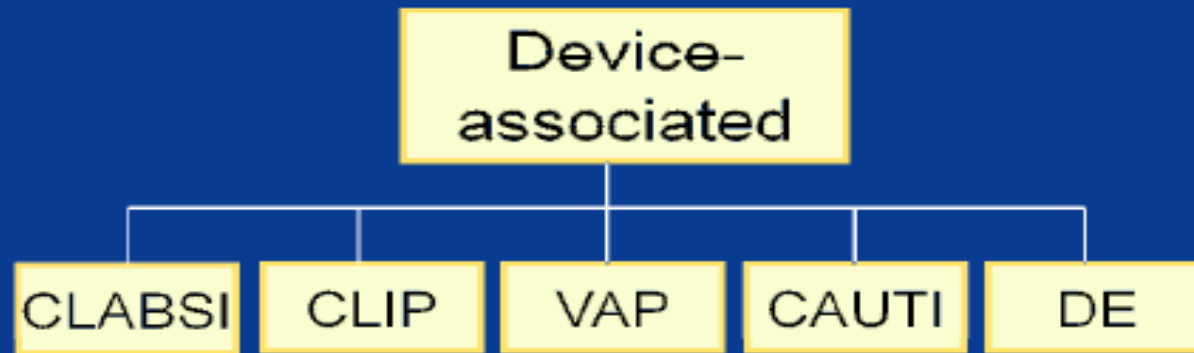


NHSN Structure

NHSN
National Healthcare
Safety Network



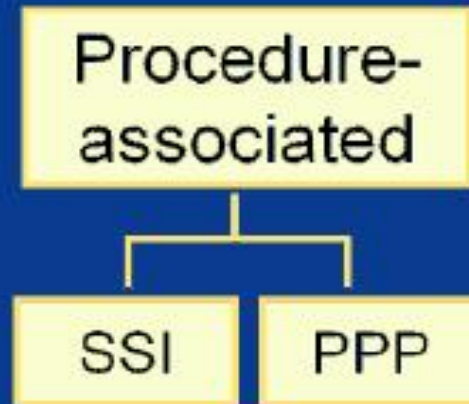
Patient Safety Component Modules



- CLABSI** Central line-associated bloodstream infection
- CLIP** Central line insertion practices*
- VAP** Ventilator-associated pneumonia
- CAUTI** Catheter-associated urinary tract infection
- DE** Dialysis event

*Process measure: Adherence to hand hygiene, protective sterile barriers, appropriate antiseptic skin prep, etc.

Patient Safety Component Modules



SSI

Surgical site infection

PPP

Post-procedure pneumonia

Patient Safety Component - Surveillance

Device-associated Module:

- **CLABSI - Central line-associated bloodstream infection**
- **CLIP - Central line insertion practices adherence**
- VAP - Ventilator-associated pneumonia
- CAUTI - Catheter-associated urinary tract infection
- DE - Dialysis Event

Procedure-associated Module:

- **SSI - Surgical site infection**
- PPP - Post-procedure pneumonia

Medication-associated Module:

- AUR - Antimicrobial use and resistance options

Multidrug-Resistant Organisms/*Clostridium difficile*-associated Disease (MDRO/CDAD) Module

CDC Location Descriptions

- **CDC Locations are a list of standard descriptions for patient care and other areas of healthcare facilities. The list of CDC Locations can be found in the *NHSN Patient Safety Component Protocol* document.**
- ***Each location under surveillance must be “mapped” to one standard CDC Location description.***
- ***The correct mapping to a CDC location is determined by the type of patients receiving care. The 80% rule means 80% of the patients must be of a consistent type to classify the location as that specific type.***

CDC Location Descriptions



CDC Locations and Descriptions

CDC Location Label

Location Description

LOCATIONS

Adult Critical Care Units

Burn Critical Care

Critical care area specializing in the care of patients with significant/major burns.

Medical Cardiac Critical Care

Critical care area specializing in the care of patients with serious heart problems that do not require heart surgery.

Medical Critical Care

Critical care area for patients who are being treated for nonsurgical conditions.

http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Monthly Reporting Plan

- **The Monthly Reporting Plan informs CDC which modules a facility Monthly Reporting facility is following during a given month.**
- **A facility must enter a Plan for every month of the year, even those in which no modules are followed.**
- **A facility may enter data only for months in which Plans are on file.**

Sample Monthly Reporting Plan



- NHSN Home**
- Reporting Plan**
 - Add
 - Find
- Patient**
- Event**
- Procedure**
- Summary Data**
- Analysis**
- Surveys**
- Users**
- Facility**
- Group**
- Log Out**

Logged into Medical Center East (ID 10000) as TCH.
 Facility Medical Center East (ID 10000) is following PS component.

Edit Monthly Reporting Plan

[Print PDF](#)

Mandatory fields marked with *

Facility ID*: Medical Center East (ID 10000)
 Month*: January
 Year*: 2007

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI	CLIP
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NCC3 - NEONATAL CRITICAL CARE LEVEL III	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSICU - MEDSURG ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
CARD - Cardiac surgery	IN - Inpatient	
CBGB/CBGC - Coronary artery bypass graft	IN - Inpatient	
HPRO - Hip prosthesis	IN - Inpatient	
LAM - Laminectomy	IN - Inpatient	

Monthly Reporting Plan Options

- **Specific plan**

OR

- **“No Modules Followed” Plan**

Surveillance Plan Options

A facility may choose to enter a specific plan...

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/Onc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Procedure-Associated Module

Procedures

CRAN - Craniotomy	BOTH - In and outpatient	
CHOL - Gallbladder surgery	IN - Inpatient	
HPRO - Hip prosthesis		

For the Device-associated Module, choose the location you wish to monitor, then choose the devices to monitor

Surveillance Plan Options

For the Procedure-associated Module, first choose the operative procedure to follow

	CLA	BSI	DI	VAP	CAUTI
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

Surveillance Plan Options

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/OHC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows | Clear All Rows | Copy from Previous Month

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

Then choose to follow inpatient procedures or outpatient procedures, or both.

Surveillance Plan Options

Device-Associated Module

Locations

2 EAST - HEM/Onc	▼
SICU - SURGICAL ICU	▼
NICU3 - LEVEL 3 NICU	▼
OUTDIAL - OUTPATIENT DIALYSIS	▼

Add Rows

Clear All Rows

CLA BSI DI VAP CAUTI

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For the procedure(s) selected, indicate if you will follow Post-procedure Pneumonia

Procedure-Associated Module

Procedures

SSI

Post-
procedure
PNEU

CRAN - Craniotomy	▼	IN - Inpatient	▼	IN - Inpatient	▼
CHOL - Gallbladder surgery	▼	BOTH - In and outpatient	▼		▼
HPRO - Hip prosthesis	▼	IN - Inpatient	▼		▼

Surveillance Plan Options

...or choose “No Modules Followed this Month”

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (ID 10000)

Month*: September

Year*: 2005

No VHSN Patient Safety Modules Followed this Month

Save

Back

Remember that you must have a specific plan for at least 6 out of 12 months and submit data

*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event:
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module <input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDAD Module	
*Date Admitted to Facility:	*Location:
Risk Factors	
*If ICU/Other locations, Central line: Yes No	
*If Specialty Care Area, Permanent central line: Yes No	Location of Device Insertion: _____
Temporary central line: Yes No	Date of Device Insertion: __/__/____
*If NICU, Non-umbilical Central line: Yes No	
Umbilical catheter: Yes No	
Birth weight (grams):	
Event Details	
*Specific Event: Laboratory-confirmed	
*Specify Criteria Used:	
<u>Signs & Symptoms (check all that apply)</u>	<u>Laboratory (check one)</u>
<u>Any patient</u> <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Hypotension	<input type="checkbox"/> Recognized pathogen from one or more blood cultures <input type="checkbox"/> Common skin contaminant from ≥2 blood cultures
<u>≤1 year old</u> <input type="checkbox"/> Fever <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia	
**Died: Yes No	BSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on page 2

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify):	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	VANC	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	GENT	IMI	LEVO	MERO	PIPTAZ	TOBRA
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP		
_____	<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		
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		

Primary BSI – NHSN Form



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: 09-30-2012

Page 1 of 3

*required for saving **required for completion

Facility ID:

Event #:

*Patient ID:

Social Security #:

Secondary ID:

Patient Name, Last:

First:

Middle:

*Gender: F M

*Date of Birth:

Ethnicity (specify):

Race (specify):

*Event Type: BSI

*Date of Event:

Post-procedure BSI: Yes No

Date of Procedure:

NHSN Procedure Code:

ICD-9-CM Procedure Code:

*MDRO Infection Surveillance: Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module

No, this event's pathogen & location are **not** in-plan for the MDRO/CDAD Module

*Date Admitted to Facility:

*Location:

Risk Factors (BSI)

Risk Factors

*If ICU/Other locations, Central line: Yes No

*If Specialty Care Area,

Location of Device Insertion: _____

Permanent central line: Yes No

Temporary central line: Yes No

Date of Device Insertion: ___/___/___

*If NICU,

Non-umbilical Central line: Yes No

Umbilical catheter: Yes No

Birth weight (grams):

Event Details (BSI)

Event Details

*Specific Event: Laboratory-confirmed

*Specify Criteria Used:

Signs & Symptoms (check all that apply)

Any patient

≤1 year old

Fever

Fever

Chills

Hypothermia

Hypotension

Apnea

Bradycardia

Laboratory (check one)

Recognized pathogen from one or more blood cultures

Common skin contaminant from ≥2 blood cultures

**Died: Yes No

BSI Contributed to Death: Yes No

Discharge Date:

*Pathogens Identified: Yes No *If Yes, specify on page 2

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

Drug Codes:

AMK = amikacin

AMP = ampicillin

AMPSUL = ampicillin/sulbactam

CEFEP = cefepime

Result Codes:

S = Susceptible I = Intermediate

CEFOT = cefotaxime

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CIPRO = ciprofloxacin

CLIND = clindamycin

DAPTO = daptomycin

ERYTH = erythromycin

GENT = gentamicin

IMI = imipenem

LEVO = levofloxacin

LNZ = linezolid

MERO = meropenem

OX = oxacillin

PENG = penicillin G

PIP = piperacillin

PIPTAZ = piperacillin/tazobactam

QUIDAL = quinupristin/dalfopristin

RIF = rifampin

TMZ = trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin

N = not tested



Primary Bloodstream Infection (BSI)

Page 2 of 3

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N									
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N					
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N				
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N

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 |
| Result Codes: | CLIND = clindamycin | LEVO = levofloxacin | PIP = piperacillin | TOBRA = tobramycin |
| S = Susceptible | I = Intermediate | R = Resistant | N = not tested | VANC = vancomycin |



Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify)	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia</i> <i>coli</i>	AMK S I R N		CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	
_____	<i>Enterobacter</i> spp. (specify)	AMK S I R N		CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	
_____	<i>Klebsiella</i> <i>oxytoca</i>	AMK S I R N		CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	
_____	<i>Klebsiella</i> <i>pneumoniae</i>	AMK S I R N		CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	
_____	<i>Serratia</i> <i>marcescens</i>	AMK S I R N		CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	
_____	<i>Pseudomonas</i> <i>aeruginosa</i>	AMK S I R N		CEFEP S I R N		CEFTAZ S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N	
_____	<i>Stenotrophomonas</i> <i>maltophilia</i>	TMZ S I R N										

Drug Codes:

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Result Codes:

S = Susceptible I = Intermediate R = Resistant

CEFOT = cefotaxime

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CIPRO = ciprofloxacin

CLIND = clindamycin

DAPTO=daptomycin

ERYTH=erythromycin

GENT=gentamicin

IMI = imipenem

LEVO = levofloxacin

N = not tested

LNZ = linezolid

MERO = meropenem

OX = oxacillin

PENG = penicillin G

PIP = piperacillin

PIPTAZ = piperacillin/tazobactam

QUIDAL= quinupristin/dalfopristin

RIF = rifampin

TMZ = trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin

Pathogen #	Other Organisms									
_____	Organism 1 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Organism 2 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Organism 3 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

Drug Codes:

AMK = amikacin

AMP = ampicillin

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CIPRO = ciprofloxacin

CLIND = clindamycin

DAPTO=daptomycin

ERYTH=erythromycin

GENT=gentamicin

IMI = imipenem

LEVO = levofloxacin

N = not tested

LNZ = linezolid

MERO = meropenem

OX = oxacillin

PENG = penicillin G

PIP = piperacillin

PIPTAZ = piperacillin/tazobactam

QUIDAL= quinupristin/dalfopristin

RIF = rifampin

TMZ = trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin



Denominators for ICU/Other Locations



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

OMB No. 0920-066
Exp. Date: 09-30-2011

* required for saving

Facility ID:		*Location Code:		*Month:	*Year:
Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Facility ID: _____ Event# _____

*Patient ID: _____ Social Security #: _____

Secondary ID: _____

Patient Name, Last: _____ First: _____ Middle: _____

*Gender: F M *Date of Birth: ____/____/____ (mm/dd/yyyy)

Ethnicity (specify): _____ Race (specify): _____

*Event Type: CLIP *Location: _____ *Date of Insertion: ____/____/____ (mm/dd/yyyy)

*Person recording insertion practice data: Inserter Observer

Central line inserter ID: _____ Name, Last: _____ First: _____

*Occupation of inserter:

<input type="checkbox"/> Fellow	<input type="checkbox"/> IV Team	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Other medical staff
<input type="checkbox"/> Physician assistant	<input type="checkbox"/> Attending physician	<input type="checkbox"/> Intern/Resident	<input type="checkbox"/> Other student
<input type="checkbox"/> PICC Team	<input type="checkbox"/> Other (specify) _____		

*Reason for insertion:

New Indication for central line Replace malfunctioning central line

Suspected central line-associated infection

Other (specify) _____

If Suspected central line-associated infection, was the central line exchanged over a guidewire? Y N

*Inserter performed hand hygiene prior to central line insertion: Y N

*Maximal sterile barriers used:

Mask <input type="checkbox"/> Y <input type="checkbox"/> N	Sterile gown <input type="checkbox"/> Y <input type="checkbox"/> N
Large sterile drape <input type="checkbox"/> Y <input type="checkbox"/> N	Sterile gloves <input type="checkbox"/> Y <input type="checkbox"/> N
Cap <input type="checkbox"/> Y <input type="checkbox"/> N	

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

Other (specify): _____

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Lower extremity Scalp Subclavian

Umbilical Upper extremity

Antimicrobial coated catheter used: Y N

*Central line catheter type:

<input type="checkbox"/> Dialysis non-tunneled	<input type="checkbox"/> PICC
<input type="checkbox"/> Dialysis tunneled	<input type="checkbox"/> Umbilical
<input type="checkbox"/> Non-tunneled (other than dialysis)	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Tunneled (other than dialysis)	



Denominator for Procedure

OMB No. 0920-0688
Exp. Date: 09-30-2012



* required for saving

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

Procedure Details

*Outpatient: Yes No	*Duration: ____ Hours ____ Minutes
*Wound Class: C CC CO D U	*General Anesthesia: Yes No
ASA Score: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No	*Endoscope: Yes No
Surgeon Code: _____	
*Implant: Yes No	*Non-autologous Transplant: Yes No

CSEC:		
*Height: ____ feet ____ inches (check one) _____ meters	*Weight: ____ lbs / kg (circle one)	*Duration of Labor: ____ hours *Estimated Blood Loss: _____ ml

Circle one: FUSN RFUSN

*Spinal Level: (check one)

- Atlas-axis
- Atlas-axis/Cervical
- Cervical
- Cervical/Dorsal/Dorsolumbar
- Dorsal/Dorsolumbar
- Lumbar/Lumbosacral
- Not specified

*Diabetes Mellitus: Yes No

*Approach/Technique: (check one)

- Anterior
- Posterior
- Anterior and Posterior
- Lateral transverse
- Not specified

*HPRD: (check one)	____ Total Primary	____ Partial Primary	____ Total Revision	____ Partial Revision
*KPRO: (check one)	____ Primary (Total)	____ Revision (Total or Partial)		

Custom Fields

NHSN Operative Procedure Categories

NHSN Operative Procedure Categories – FY 2010 Update

Legacy Code	New Code	Operative Procedure	Description	ICD-9-CM Codes
AAA	2105-5	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement	38.34, 38.44, 38.64
AMP	2126-1	Limb amputation	Total or partial amputation or disarticulation of the upper or lower limbs, including digits	84.00-84.19, 84.91
APPY	2108-9	Appendix surgery	Operation of appendix (not incidental to another procedure)	47.01, 47.09, 47.2, 47.91, 47.92, 47.99
AVSD	2102-2	Shunt for dialysis	Arteriovenostomy for renal dialysis	39.27, 39.42
BILI	2109-7	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas	50.0, 50.12, 50.14, 50.21-50.23, 50.25, 50.26, 50.29, 50.3, 50.4, 50.61, 50.69, 51.31-51.37, 51.39,

<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>

AJIC and NHSN Collaborative Case Study 2

AJIC and NHSN Collaborative Case Study 2

[Exit this survey](#)

Case Study and Questions

A 35-year-old man is involved in a multi-vehicular accident and sustains multiple internal and external traumatic injuries. On 12/5 in the emergency department, a triple lumen subclavian line and Foley catheter are placed and the stabilized patient is transferred to the intensive care unit.

- On 12/8, the patient spikes a temperature to 101°F and is "pan" cultured, including blood cultures x 2.
- On 12/10, the subclavian line is discontinued and the catheter tip is sent for culture. Later that afternoon, the blood culture results from 12/8 are reported as *Staphylococcus hominis* in both sets with identical susceptibility profiles. The physician notes: "Positive blood culture = contaminant; no antibiotics required." All other specimens cultured are negative.
- On 12/12, catheter tip results are reported as *Staphylococcus epidermidis*.

<http://www.surveymonkey.com/s/AJIC-NHSN-Case2>

Resources

NHSN Library

<http://www.cdc.gov/nhsn/library.html>

NHSN Tables of Contents

- http://www.cdc.gov/nhsn/PDFs/pscManual/14_Tables_of_Instructions.pdf
- Email NHSN at: NHSN@cdc.gov
- apic.org