NHSN Surveillance Changes for January 2013

SURGICAL SITE INFECTION SURVEILLANCE

1) The definition of primary closure will be changed to include procedures where devices remain extending through the incision at the end of the surgical procedure. New terminology:
   i) "*NOTE: Primary closure is defined as closure of all tissue levels, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. However, regardless of whether anything is extruding from the incision, if the skin edges are not fully reapproximated for the entire length of the incision (e.g., are loosely closed with gaps between suture/staple points), the incision is not considered primarily closed and therefore the procedure would not be considered an operation. In such cases, any subsequent infection would not be considered an SSI, although it may be an HAI if it meets criteria for another specific infection site (e.g., skin or soft tissue infection)."

2) NHSN will no longer collect information on “implants” utilized during operative procedures as part of surgical site infection surveillance.

3) For Deep Incisional SSI and Organ/Space SSI, the duration of SSI surveillance will no longer be determined by presence of surgical implant, but instead will be determined by the NHSN Procedure Category only. 30-day or 90-day surveillance will be required as follows:
   a) 30-day: AAA, AMP, APPY, AVSD, BILI, CEA, CHOL, COLO, CSEC, GAST, HTP, HYST, KTP, LAM, LTP, NECK, NEPH, OVRY, PRST, REC, SB, SPLE, THOR, THYR, VHYS, XLAP
   b) 90-day: BRST, CARD, CBGB, CBGC, CRAN, FUSN, FX, HER, HPRO, KPRO, PACE, PVBY, RFUSN, VSHN.

4) Deep Incisional SSI and Organ/Space SSI criteria will no longer include the phrase “appears to be related to the operative procedure”.

5) “Endoscope” will be referred to as “Scope” on Denominator for Procedure form (57.121) and within NHSN manual.

6) NHSN Principal Operative Procedure Category Selection Lists in SSI manual chapter will be updated to reflect more current NHSN SSI data. Main changes are: COLO will be higher on list than SB in abdominal operations list; will insert CRAN after RFUSN in NS (Spine) operations list; will add RFUSN, FUSN, and LAM to NS (Brain) operations list as follows: VSHN, RFUSN, CRAN, FUSN, LAM.

7) Several specific site criteria for organ/space SSI and for nonsurgical HAI events (as found in Chapter 17 of the NHSN Patient Safety Component Manual) will be updated to change the criterion “Radiographic evidence of infection” to “Imaging testing evidence of infection” and change “Other evidence of infection found on direct exam, during surgery, or by diagnostic tests” to “Other evidence of infection found on direct exam, during invasive procedure, or by diagnostic tests”. This will bring the definitions more in line with current diagnostic and treatment practices.

DEVICE-ASSOCIATED INFECTION SURVEILLANCE (CLABSI, CAUTI, VAE)

1) New/Updated Key Terms:
   a) Healthcare-associated Infection (HAI): An HAI is a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that was not present
on admission to the acute care facility. An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). For an HAI, an element of the infection criterion may be present during the first 2 hospital days as long as it is also present on or after day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between elements.

b) **Device-associated Infection**: An infection meeting the HAI definition is considered a device-associated HAI if the device was in place for >2 calendar days when all elements of a CDC/NHSN site-specific infection criterion were first present together. HAIs occurring on the day of device discontinuation or the following calendar day are considered device-associated HAIs if the device had been in place already for >2 calendar days.

c) **Transfer Rule**: If all elements of an HAI were present within 2 calendar days of transfer from one inpatient location to another in the same facility (i.e., on the day of transfer or the next day), the HAI is attributed to the transferring location. Likewise, if all elements of an HAI were present within 2 calendar days of transfer from one inpatient facility to another, the HAI is attributed to the transferring facility. Receiving facilities should share information about such HAIs with the transferring facility to enable reporting.

d) **Date of Event**: For an HAI, with the exception of any of the ventilator-associated events (VAE), the date of event is the date when the last element used to meet the CDC/NHSN site-specific infection criterion occurred. For VAE, the date of event is the date of onset of worsening oxygenation (i.e., the first calendar day in which the daily minimum worsening oxygenation threshold value occurs).

2) **Discontinuation of Ventilator-associated Pneumonia (VAP) Surveillance in Adults**: a) Ventilator-associated Event (VAE) surveillance will replace VAP surveillance in patients who are ≥18 years of age (refer to the new VAE protocol for details).

3) New category of BSI-LCBI will be introduced: Mucosal Barrier Injury (MBI) (refer to CLABSI protocol for details).

4) Updated guidance for determining whether a BSI is primary or secondary (refer to Appendix 1 of the CLABSI protocol for details).

**OTHER**

1) Post-procedure Pneumonia (PPP) will be removed from the PA Module.

2) An expanded/updated list of NHSN organisms will be available with a tab for common commensals and another for MBI organisms.

3) Enhancements to 2013 Patient Safety Component Manual in addition to updated protocol chapters a. Chapter 3 – Instructions for completing the Monthly Reporting Plan and Annual Surveys, including new definition for teaching hospitals (replaces medical school affiliation) b. Chapter 15 – Location mapping guidance c. Chapter 17 – Updated and reorganized site-specific HAI criteria