

## 2012 Louisiana Statewide NHSN Trainings Queries

National Healthcare Safety Network trainings were covered in the following cities on these respective dates:

- October 22, 2012 – Metairie (Greater New Orleans area)
- October 30, 2012 – Shreveport (Northwest Louisiana)
- October 31, 2012 – Alexandria (Central Louisiana)

Training topics included the following:

- MDRO and Clostridium difficile reporting
- Missing data and alerts
- Changes to existing definitions
- HPS Component/ Influenza Vaccinations

1. Are emergency rooms used for LabID surveillance? If so, would they be included as encounters which would correspond to outpatient surveillance? **Emergency rooms are considered outpatient locations. Therefore if a facility is performing LabID Event monitoring in this location (not required by CMS) they will need to report these events. Yes, the denominators will be encounters, not admissions.**
2. Would a CDC training be possible for Louisiana infection preventionists to get guidance on Chapter 17 of the Patient Safety Manual on “specific sites”? **Please see the information at <http://www.cdc.gov/nhsn/Training/requests/index.html> and follow guidance on submitting a training request.**
3. Concern – determining “primary closure” for surgical incisions wouldn’t be possible for large hospitals that only have 2 infection preventionists. **These hospitals may need to be creative and enlist their ORs to identify those patients leaving the OR with an incision not meeting the criteria for primary closure. Facilities will need to be able to identify such patients.**
4. What are the specifics that should be observed “upon direct exam”? Is it palpitations, tenderness, warmth? **This question is not specific enough to answer. Please provide more information if you still want a response.**
5. Is the procedure date or date of discharge used as day 1 of “duration of SSI surveillance”? **The procedure date is day one.**
6. Should employee health nurses report monthly on influenza vaccinations or would they be able to just enter data at the end of the flu season by April 15<sup>th</sup> considering previous data is overwritten? Is there a benefit to entering data monthly as opposed to at the end? **There is an advantage to entering data monthly in that it will provide information to you on your progress towards complete vaccination. This is the preferred method, although as long as the data is entered by the cut-off date, it will be shared with CMS.**
7. How are patients that are housed “for observation only” classified in LabID surveillance? Does it only relate to the duration of their stay if they are inpatient or outpatient? **Patients that are housed within inpatient locations are considered inpatients for LabID purposes, regardless of**

their “status” by the hospital. Please see [http://www.cdc.gov/nhsn/PDFs/PatientDay\\_SumData\\_Guide.pdf](http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf)

8. Are emergency department visits counted as outpatients? Would they be included in the denominator for LabID surveillance? **See answer to Q #1.**
9. LabID event infection surveillance – is there distinguishing between where spores are contracted between contracting in the hospital setting? **I’m sorry, I do not understand this question. Are there classifications for “present on admission” infections? Definitions for “community onset” and “healthcare-facility onset” are located on page 12-8 of the NHSN manual.**
10. When will the new surveillance definitions be finalized? **They are finalized now and we anticipate posting to the website within the next 2 weeks.**
11. Even though documentation of influenza vaccinations begins in January 2013, we should get our 6 month employee totals beginning in October 2012, correct?  
**The CMS rule announced a requirement for acute care hospitals to report HCP influenza vaccination summary data beginning on January 1, 2013. Subsequently, on August 1, 2012, CMS posted a Final Rule in the *Federal Register* indicating that although the required submission of HCP summary data for the Hospital IQR Program begins with the first quarter of 2013, CMS will accept voluntary submission of data from October 1, 2012. For the 2012-2013 influenza season, acute care hospitals can submit data for the entire influenza vaccination season to NHSN, and CMS will accept voluntarily submitted data for vaccinations given prior to January 1, 2013, even though submission of these particular data is not required by the CMS rule.**
12. Is CDC only looking for the numbers of cases of *C. diff* and invasive MRSA? **I believe this question is in reference to the CMS requirements for LabID *C. difficile* and MRSA Bloodstream Events. If that is so, then yes, those are the only types of events which must be reported through this module.**
13. Does the post-discharge surveillance differentiate between the depth of the incision (superficial, deep, v. organ space)? **All SSI reporting, whether as a result of inpatient surveillance or post-discharger surveillance, must include the specific type of SSI (superficial, deep, v. organ space) and all of these SSIs must be reported.**
14. There were many questions about the terminology on infections in the upper layers of the skin incisions. For example, if a patient had surgery due to appendicitis/ peritonitis and the skin incision became infected after the surgery --- thought this was an organ/ space surgery, would this still be counted as a superficial incisional infection? **The determining factor as to what type of SSI it is, is based on the level of the tissue involved, not the type of operative procedure involved. If only the superficial layer is involved (skin or subcutaneous tissue) it is a superficial incisional SSI. If the muscle or fascia is involved, it is a deep incisional SSI. If an organ or the space around an organ is involved, it is an organ/space SSI.**