

# Texas Healthcare-Associated Infections Reporting Frequently Asked Questions As of 09/2012

## Table of Contents

---

REPORTING REQUIREMENTS: .....	2
How to begin reporting? .....	2
Who must report? .....	2
Why report? .....	5
When to Report? .....	5
What to Report? .....	5
NATIONAL HEALTHCARE SAFETY NETWORK (NHSN).....	8
Enrollment .....	8
Confer Rights.....	10
NHSN Data Submission .....	10
Incomplete/Missing List .....	11
HEALTHCARE ASSOCIATED INFECTION DEFINITIONS: .....	12
EDUCATION AND TRAINING .....	13
COMPARISON WITH CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) .....	13
TEXAS HEALTH CARE SAFETY NETWORK (TxHSN) .....	16
User Account Troubleshooting .....	16
Using/Navigating TxHSN.....	17
Facility Error Report.....	18
Data Display Report .....	19

## REPORTING REQUIREMENTS:

---

### *How to begin reporting?*

---

1. **Our facility IP left suddenly, where do we begin?** The first thing you need to do is to learn about the state reporting requirements and determine whether your facility is required to report—you can start by reviewing training material [Texas Reporting Requirements & Introduction to TXHSN](#) found at [www.HAITexas.org](http://www.HAITexas.org).

If you are required to report, you will need to determine where the previous Infection Preventionist left off in the reporting process. To do this, contact [NHSN@CDC.gov](mailto:NHSN@CDC.gov), explain the situation and verify whether your facility is enrolled in NHSN. If so, NHSN will need to set you up as the new Facility Administrator for your facility. If not, you can check out the [Getting Started with NHSN and TXHSN](#) which can help get you started in NHSN.

2. **Are there any resources for collecting and reporting HAI data?** The following resources can be found on the [www.HAITexas.org](http://www.HAITexas.org) website under Reporting HAIs:
  - a. Free NHSN reporting training provided by The Association for Prevention of Infection and Control (APIC)
  - b. Training sessions recommended by the CDC NHSN Program
    - i. <http://www.cdc.gov/nhsn/training.html>
  - c. Texas NHSN course on: Using Excel to Import Knee Surgical Denominator Data
  - d. NHSN spreadsheet example

### *Who must report?*

---

3. **Which facilities are required to report Healthcare-Associated Infections (HAI)?** All Texas licensed general hospitals and Ambulatory Surgical Centers (ASC) are required to report the HAI data related to the specified procedure codes. A general hospital is defined as a hospital licensed under the Texas Health and Safety Code Chapter 241 or a hospital that provides surgical or obstetrical services and that is maintained or operated by the state of Texas. An ASC is defined as a facility licensed under the Texas Health and Safety Code Chapter 243. This does not include a comprehensive medical rehabilitation hospital.
4. **Are critical access hospitals required to report Healthcare-Associated Infections (HAIs)?** Yes, critical access hospitals fall under general hospital licensing rules in the state of Texas, and are considered general hospitals for mandatory HAI reporting purposes. They will be required to report if they have an ICU, CCU, NICU or perform any of the designated surgical procedures.
5. **Are rehabilitation hospitals or psych/behavioral hospitals required to report HAIs to Texas?** No.

6. **Are Long Term Acute Care facilities (LTACs) required to report Healthcare-Associated Infections (HAIs)?** Yes and No. Some LTACs are licensed as General Hospitals and others are licensed as Special Hospitals under Chapter 241. The ones licensed as General Hospitals (provides surgery, OB services or both) are required to report, while the ones licensed as Special Hospitals (do not provide surgery or OB services) are not required to report. Of the LTACs that are required to report, a subset of them will not report HAIs because they do not have an ICU and they do not perform any of the Texas Reportable Procedures (see Question 19 for reportable procedures).
7. **Are the Veterans Affairs (VA) or Department of Defense (DOD) hospitals required to report Healthcare Associated Infections (HAIs) to the state?** No, Veteran Affairs and Department of Defense hospitals are not licensed under the Texas Health and Safety Code and are not maintained or operated by the State of Texas so are exempt from mandatory state reporting of HAI.
8. **What Special Care Settings must report?** A unit or service of a general, pediatric or adolescent hospital that provides treatment to admitted patients who require extraordinary care on a concentrated and continuous basis. The term includes pediatric, neonatal (level III or II/III) and adult critical care units as defined by the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN) or its successor. See list below.
- Burn ICU or CCU
  - Medical cardiac ICU or CCU
  - Medical ICU or CCU
  - Medical/surgical ICU or CCU
  - Neurologic ICU or CCU
  - Neurosurgical ICU or CCU
  - Neonatal ICU or CCU (Level II/III Nursery)
  - Neonatal ICU or CCU (Level III Nursery)
  - Pediatric Burn ICU or CCU
  - Pediatric Cardiothoracic ICU or CCU
  - Pediatric Medical ICU or CCU
  - Pediatric Neurosurgical ICU or CCU
  - Pediatric Respiratory ICU or CCU
  - Pediatric Surgical ICU or CCU
  - Pediatric Trauma ICU or CCU
  - Pediatric Medical/surgical ICU or CCU
  - Prenatal ICU or CCU
  - Respiratory ICU or CCU
  - Surgical ICU or CCU
  - Surgical cardiothoracic ICU or CCU
  - Trauma ICU or CCU
9. **If an ASC does not do any of the surgical procedures, are they still required to report?** ASCs report the same surgical site infections (SSI) as general hospitals. If your facility does not perform any of the surgical procedures then you are not required to report. However, if at any time your facility does perform one of the reportable procedures, you will be required to report at that time.
10. **Does a facility need to enroll now even if they are not reporting until a later phase in period?** We are encouraging facilities to enroll in NHSN now and start practicing entering data into NHSN, even if you will not be reporting for Texas until a later phase in

period. This will give you time to get used to entering data in NHSN, and identify and correct any issues that may occur before your data gets posted to a public website. Also to note, although your facility may not be required to report for Texas, you may need to enroll in NHSN for CMS reporting.

11. **Do inpatient rehab facilities have to report?** No, inpatient rehabilitation facilities are not required to report to Texas.
12. **Does my “swing” unit (a unit with patients at varying levels of acuity) have to report central line associated bloodstream infections (CLABSIs)?** No. This unit is considered a Mixed Acuity Ward, not an Intensive Care Unit.
13. **Do the reporting requirements for central line associated blood stream infection (CLABSI) in Intensive Care Units (ICUs) include High Observation Units (HOUs) in long term acute care facilities (LTACs)?** LTACs are NOT included unless they have an ‘ICU’ or critical care unit (CCU) within their facility.
14. **Who will be required to communicate to the Texas Department of State Health Services (DSHS) if the Infection Prevention (IP) position is vacant?** Each hospital and ambulatory surgery center will designate a facility contact that will be responsible for communications with DSHS. Texas requires that all facilities ensure communications with DSHS are maintained and monitored even if the position is vacant for any reason (vacation, illness, etc.).
15. **How will I communicate to the Texas Department of State Health Services (DSHS)?** Facilities may contact DSHS by email to [HAITEXAS@dshs.state.tx.us](mailto:HAITEXAS@dshs.state.tx.us) or by phone (512.776.6878).
16. **What types of communications will I receive from DSHS?** Designated Facility Contacts may receive emails, letters, faxes or phone calls from DSHS.

## Why report?

- 17. What is the penalty (if any) for non-participation in the state mandated Healthcare Associated Infections (HAI) reporting program?** If a facility fails to comply with state mandatory reporting, the state can suspend or revoke a hospital's license or place a hospital on probation.

## When to Report?

- 18. How often must a facility submit data into National Healthcare Safety Network (NHSN)?** Data must be entered into NHSN according to NHSN protocols: "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." Texas reporting deadlines in the proposed rule are shown in the table below. Please note that if the deadline falls on a weekend or state holiday, it will be pushed back to the next work day.

Texas HAI Reporting Deadlines				
Reporting Quarter	Jan 1 – Mar 31	April 1 – June 30	July 1 – Sept 30	Oct 1 – Dec 31
Facility Data submission deadline	According to NHSN rules: within 30 days of end of reporting month			
Departmental data reconciliation (DSHS pulls data from NHSN)	1-Jun	1-Sep	1-Dec	1-Mar
Facility NHSN data corrections due in NHSN	30-Jun	30-Sep	31-Dec	31-Mar
DSHS sends email to facilities to review data summary	NA	15-Oct	NA	15-Apr
Facility comment deadline: Facilities will have until this date to enter a comment related to their facility's data display	NA	30-Oct	NA	30-Apr
DSHS review of comments: DSHS will review comments by this date	NA	15-Nov	NA	15-May
Public posting of summary: Public Data Display will be posted on a public website	NA	1-Dec	NA	1-Jun

## What to Report?

**19. What needs to be reported for mandatory state reporting?** All licensed general hospitals (including pediatric hospitals), and ambulatory surgical centers (ASCs) shall report the number of device days and laboratory-confirmed central line-associated primary bloodstream infections in special care settings (intensive care units & critical care units) including the causative pathogen. Information on this can be found on the NHSN website at [Central Line-Associated Bloodstream Infection \(CLABSI\) Event](#)

General hospitals and ambulatory surgical centers shall report the Healthcare Associated Infections (HAI) data related to the following surgical procedures. This includes all procedure-related SSIs identified (i.e., superficial, deep and organ space SSIs). The surgical procedure is defined by the National Healthcare Safety Network (NHSN) operative procedure and the ICD-9-CM codes linked to that operative procedure can be found on the NHSN website at [Surgical Site Infection \(SSI\) Event](#)

1. Knee arthroplasties (Knee prosthesis).
2. Hip arthroplasties (Hip prosthesis).
3. Coronary artery bypass grafts (Coronary artery bypass graft with both chest and donor site incisions; Coronary artery bypass graft with chest incision only).
4. Colon surgeries (Colon surgery).
5. Abdominal hysterectomies (Abdominal hysterectomy). (Beginning January 2013)
6. Vaginal hysterectomies (Vaginal hysterectomy). (Beginning January, 2013)
7. Vascular procedures (Abdominal aortic aneurysm repair; Carotid endarterectomy; Peripheral vascular bypass surgery). (Beginning January 2013)

Pediatric and adolescent hospitals shall report the HAI data relating to the following surgical procedures. The surgical procedure is defined by the NHSN operative procedure and the ICD-9-CM codes linked to that operative procedure.

1. Ventriculoperitoneal shunts including revision and removal of shunt (ventriculoperitoneal shunt).
2. Cardiac procedures, excluding thoracic cardiac procedures (Cardiac surgery; Heart transplant).
3. Spinal surgery with instrumentation (Spinal fusion; Laminectomy; Refusion of spine). (Beginning January 2013)

**20. We are a small facility that performs less than 50 surgeries a month. Can we choose our three most frequent surgeries for reporting infections if they have a National Healthcare Safety Network (NHSN) operative code?** No. Senate Bill 7 was passed in the 82<sup>nd</sup> legislative session (2011) and eliminated the alternate reporting criteria for facilities performing less than 50 surgeries a month. Facilities will be expected to report any of the reportable procedures that they perform, even if they only perform one. See question #19.

**21. Are superficial surgical site infections going to be required for reporting into NHSN?** Yes. A condition of use for NHSN is that facilities enter all infections identified (including superficial SSIs). Texas will report standardized infection ratios (SIRs) based on all (superficial, deep and organ space) SSIs identified. CMS will only report SIRs based on only deep and organ space SSIs identified. But regardless, you will be required to enter superficial SSIs into NHSN.

22. **Are the surgical site infections (SSI) reported for all units?** SSIs are not unit or operating room specific. You are required to report ALL SSIs related to any of the reportable surgical procedures that you perform in your facility.
23. **What do Ambulatory Surgical Centers (ASCs) have to report?** ASCs report the same surgical site infections (SSI) as general hospitals.
24. **My facility uses CPT codes instead of ICD-9 codes. Is there a reference for CPT codes and ICD-9 codes?** Currently, there are not CPT codes for all of the NHSN procedures. Right now, there are only CPT codes for COLO and HYST procedures. These can be found at [Operational Guidance for Reporting Surgical Site Infection \(SSI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Program Requirements](#). However, NHSN has announced that they will release the CPT codes for the other state reportable procedures as soon as they are approved.
25. **What are the reporting requirements for DSHS vs CMS IPPS Ruling?** Please see the following Tables. See Question 19 for the DSHS schedule for phasing in the HAIs for reporting. Table 2 has the CMS current/proposed requirements that were updated 05/09/2012. For more information on CMS reporting, please see the following guidance documents on the NHSN website:
- [Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infections \(CAUTI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Requirements](#)
  - [Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Blood Stream Infection \(CLABSI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Requirements](#)
  - [Operational Guidance for Reporting Surgical Site Infection \(SSI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Program Requirements](#)

**Table 2:**

**Healthcare Facility HAI Reporting Requirements to CMS via NHSN  
Current and Proposed Requirements**

*DRAFT (5/9/2012)*

HAI Event	Reporting Specifications	Reporting Start Date
CLABSI	Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs	January 2011
CAUTI	Acute Care Hospitals: Adult and Pediatric ICUs	January 2012
SSI	Acute Care Hospitals: Inpatient COLO and HYST Procedures	January 2012
I.V. antimicrobial start	Outpatient Dialysis	January 2012
Positive blood culture	Outpatient Dialysis	January 2012
Signs of vascular access infection	Outpatient Dialysis	January 2012

CLABSI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
CAUTI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
CAUTI	Inpatient Rehabilitation Facilities: Adult and Pediatric IRF Wards	October 2012
MRSA Bacteremia LabID Event	Acute Care Hospitals: FacWideIN	January 2013
<i>C. difficile</i> LabID Event	Acute Care Hospitals: FacWideIN	January 2013
HCW Influenza Vaccination	Acute Care Hospitals	January 2013
CLABSI ( <i>proposed</i> )	PPS-Exempt Cancer Hospitals: all locations	TBD
CAUTI ( <i>proposed</i> )	PPS-Exempt Cancer Hospitals: all locations	TBD
HCW Influenza Vaccination ( <i>proposed</i> )	Long Term Care Hospitals*	TBD
HCW Influenza Vaccination	Ambulatory Surgery Centers	October 2014
TBD ( <i>future proposal</i> )	Hospital Outpatient Departments and Ambulatory Surgery Centers	TBD
* Long Term Care Hospitals are called <b>Long Term Acute Care Hospitals</b> in NHSN		

26. **What are the details of Respiratory Syncytial Virus (RSV) reporting?** Currently, the state is not including RSV reporting.

27. **What are the details for reporting the Preventable Adverse Events (PAE)?** Currently, the state is not requiring facilities to report these events. DSHS anticipates PAE reporting, tentatively beginning with Catheter-Associated Urinary Tract Infections (CAUTI) in mid - 2013 or later.

## NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

---

### Enrollment

28. **How do I enroll my facility in the National Healthcare Safety Network (NHSN)?**

Follow the instructions in the [NHSN Facility Administrator Enrollment Guide](#) .

29. **If my hospital has an affiliated Ambulatory Surgery Center (ASC), should I enroll the hospital and the ASC separately into the National Healthcare Safety Network (NHSN)?** It depends. See below.

- 1) A general hospital with an outpatient surgery center within their hospital that is covered under the same general hospital license should **NOT** enroll separately. The outpatient surgery center will be entered as a location in the hospital.
- 2) A general hospital with an outpatient surgery center within their hospital that is licensed separately as an ASC should **NOT** enroll separately. The outpatient surgery center will be entered as a location in the hospital.
- 3) A general hospital with an ASC that is freestanding at a separate location but covered under the hospital license **SHOULD** be enrolled separately.



- 4) A general hospital with an affiliated ASC that is freestanding and not covered under the hospital license **SHOULD** be enrolled separately.
30. **Our hospital has just purchased another hospital. Both perform reportable procedures. They will operate under the same Texas license number and the same CMS number but are located in different parts of the city. Can we report data as one facility?** For Texas reporting, we define facilities separately if they are physically separated. This may be a different building on the same block or across town, as long as they are not connected, such as by a skybridge/covered walkway. Facilities will be required to report separately for each hospital campus. They must each register separately in NHSN and report data separately. One campus may use the shared CMS Certification Number (CCN) during the enrollment process. The other campuses will be required to request a NHSN enrollment number to complete the enrollment process. An enrollment number may be obtained upon request from [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Once each facility campus is enrolled, you must log into NHSN and enter your facility's CCN in the Facility Information page. Each facility's data will be accessed separately for Texas reporting. CMS will access data according to their CMS number so the data would be combined for their purpose.
31. **If our facility is not required to report to TxHNSN, do we still need to get an NHSN facility ID number?** It depends... If you are required to report to CMS through NHSN, then you will have to register with NHSN and will be issued a NHSN ID number. But you would not need to confer rights to Texas. If you are not required to report to Texas (i.e. no ICU, not performing any reportable surgeries), then you should return Attachment 2 of the CEO letter indicating you are not required to report. You can leave the NHSN Facility ID field blank. See the CEO letter under CEOs Sent Reporting Notification at [Reporting Requirements](#)
32. **How can I figure out my NHSN facility ID number?** When you enroll in NHSN, you will be assigned an NHSN Facility ID. It can be found on the NHSN landing page. It is shown after the name of your hospital, in parentheses. See below.

The screenshot shows the NHSN landing page with the following elements:

- Header:** CDC logo, Department of Health and Human Services, Centers for Disease Control and Prevention, NHSN - National Healthcare Safety Network.
- Section Header:** Welcome to the NHSN Landing Page
- Instruction:** Select a facility and component, then click Submit to go to the Home Page.
- Form Fields:**
  - Select facility/group from dropdown list: Fac: NHSN State Users Test Facility #1 (ID 15164)
  - Select facility within the above group: NHSN State Users Test Facility #1 (15164)
  - Select component: Patient Safety
- Submit Button:** A grey button labeled "Submit".
- Footer:** Get Adobe Acrobat Reader for PDF files.

**33. I made a mistake on the confer rights template, how can I make changes to it?**

Log into NHSN. From the blue navigation bar on the left of the screen, select Group → Confer Rights. Select HAITexas (15833) in the box under “Groups that have access to this facility’s data.” Once you click on the group, it should highlight in blue. Then click on Confer Rights. This will bring you to the Confer Rights Template for modification.



**34. How do I confer rights to (share my data with) the state of Texas through National Healthcare Safety Network (NHSN)?** Links to the Guide to Conferring Rights and associated documents can be found at [Reporting Requirements](#).

Template examples can be found on HAITexas.org under Reporting HAIs:

[Pediatric Hospital Confer Rights Template \(PDF\)](#)

[Adult General Hospital Confer Rights Template \(PDF\)](#)

[ASC Confer Rights Template \(PDF\)](#)

**35. I enrolled my facility but I am not showing up on the DSHS list of enrolled facilities?**

The list is updated monthly on the website. If your facility does not show up after an update, you most likely accepted an old Confer Rights template. Log into NHSN and follow the “Guide to Conferring Rights” under reporting on HAITexas.org. You can re-confer rights by selecting HAITexas and clicking on the Confer Rights Button. See [Guide to Conferring Rights \(PDF 467 KB\)](#)

- 36. Do we submit our National Healthcare Safety Network (NHSN) plan monthly or annually for the entire year? What are the time frames? Is it by discharge date?** You can submit your plan monthly or annually (for each month) for the entire year. Once you enter one month's reporting plan, you can copy it over to the next month. Your plan must be entered into NHSN before it will allow you to enter Healthcare Associated Infection (HAI) data. If you try to enter data before you have a plan for that month, it will prompt you to enter a plan. NHSN asks that you submit data within 30 days of the end of that reporting period.
- 37. When entering data into National Healthcare Safety Network (NHSN), what should I use as the Patient Identifier?** Use the permanent patient identifier (such as Medical Record Number) used by your facility to identify the patient for all facility visits.
- 38. What is the denominator and numerator information for CLABSIs and SSIs in regards to reporting?** The denominator for CLABSI is the total central line days for the month for that location. The denominators for SSI are the total number of reportable surgeries performed that month. The numerator for CLABSI and SSI are the number of events (infections) for that month. SSIs are counted for the month the surgery occurred. CLABSIs are counted for the month the infection occurred.
- 39. How do I calculate central line days for patients with dialysis catheters?** It depends. If the dialysis line is never accessed, then do not count the line towards the unit's central line days. If the dialysis line is accessed by anyone while in the ICU (i.e., an ICU nurse or contract dialysis staff), count that line on the day it was accessed and all subsequent days according to NHSN protocol. It is important to do the counts at the same time each day to be consistent.

### *Incomplete/Missing List*

---

- 40. What is the Incomplete/Missing List?** It is the responsibility of each facility to ensure its data have been accurately collected and reported in accordance with NHSN protocols. To assist with this, NHSN has created various alerts, the Incomplete/Missing list, in the form of tabs that will be displayed upon login to NHSN. These alerts are created for in-plan data only.
- 41. How do I resolve alerts on my Incomplete/Missing List?** By clicking on each tab, a list of errors will be displayed. Some require you to fill in missing information directly on the page. Others may have a link to follow to a specific record where you will then enter missing or incomplete data. Additional instruction can be found at [NHSN Alerts](#) and [Incomplete/Missing Alerts Instructional Guide](#)
- 42. What if I do not correct any of the alerts on my Incomplete/Missing List?** Your data that is incomplete or missing will not be included in the statistical calculation of the Standardized Infection Ratio and therefore your results will be inaccurate. The SIR is used for comparison of your facility with national data and if you are an IPPS facility, can have a bearing on your CMS reimbursement. Also because this data will be publicly reported, it may affect how your facility compares to others when consumers are trying to find the best quality institutions.

## HEALTH CARE-ASSOCIATED INFECTION DEFINITIONS:

---

**43. Blood cultures are what determine central line associated bloodstream infections (CLABSI), correct? Not culturing the tip of the catheter. What is the reasoning behind this?** By National Healthcare Safety Network (NHSN) definition, positive blood culture(s) determine whether an infection is considered a CLABSI or not. A positive catheter tip alone (without positive blood culture) does not meet criteria for CLABSI. In the reporting instructions of the NHSN Manual it states “purulent phlebitis confirmed with a positive semi-quantitative culture of a catheter tip, but with either negative or no blood culture is considered a CVS-VASC, not a BSI.” (Document found at: [Central Line-Associated Bloodstream Infection \(CLABSI\) Event](#)). Instead, positive catheter tips may be indications of CVS-VASC, an arterial or venous infection which are counted separately from CLABSIs. ([CDC/NHSN Surveillance Definition of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting](#))

**44. What is the NHSN definition of an operative procedure?** Answer can be found by clicking on the “SSI protocol” link under reporting on [www.HAITexas.org](http://www.HAITexas.org).

An NHSN operative procedure is a procedure:

- 1) That is performed on a patient who is an NHSN inpatient or an NHSN outpatient;
- 2) Takes place during an operation (defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR; and
- 3) That is included in Table 1 on the document found at [Surgical Site Infection \(SSI\) Event](#).

NOTE: If the skin incision edges do not meet because of wires or devices or other objects extruding through the incision, the incision is not considered primarily closed and therefore the procedure is not considered an operation. Further, any subsequent infection is not considered a procedure-associated infection (i.e., not an SSI or PPP).

**45. What is the NHSN definition of a surgical site infection (SSI)?** There are 3 types of reportable surgical site infections.

- 1) Superficial incisional SSI
- 2) Deep incisional SSI
- 3) Organ/space SSI

Definitions of the following can be found by clicking on the “SSI protocol” link under reporting on [www.HAITexas.org](http://www.HAITexas.org).

**46. In the SSI definition, one of the criteria for infection is that the incision is “deliberately opened by surgeon.” Does this HAVE to be a surgeon or can it be a physician?** The wound can be deliberately opened by either a surgeon or a physician to meet the criteria for SSI.

**47. What is the surveillance definition for superficial surgical site infections (SSI)?** A superficial incisional SSI must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure and involves only skin and

subcutaneous tissue of the incision and patient has at least one of the following:

- a. Purulent drainage from the superficial incision.
- b. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.
- c. At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat, and superficial incision is deliberately opened by surgeon, and is culture-positive or not cultured. A culture-negative finding does not meet this criterion.
- d. Diagnosis of superficial incisional SSI by the surgeon or attending physician.

**NOTE:** There are two specific types of superficial incisional SSIs:

1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)
2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site [leg] incision for CBGB)

Further information can be found by clicking on the “SSI protocol” link under reporting on HAITexas.org. [SSI Protocol](#).

## EDUCATION AND TRAINING

---

48. **Where is the best reference and training material for National Healthcare Safety Network (NHSN)?** There are a number of states providing information on NHSN training but the NHSN training site should be your first site <http://www.cdc.gov/nhsn/training.html>
49. **What is the Texas Department of State Health Services (DSHS) doing about prevention of Healthcare Associated Infections (HAI)?** DSHS is working with public and private healthcare providers to increase awareness, implement reporting, and prevention activities for HAIs. A large portion of the prevention efforts include internal and external collaboration between different healthcare facilities. DSHS has currently awarded a contract to work with multiple facilities around the state to determine the effectiveness of prevention collaborative efforts.
50. **How do I learn more about the Texas Health Care Safety Network (TxHSN)?** Below are links to 4 training presentations that will help facility users navigate in TxHSN. To view a transcript of this presentation, click on the Notes tab in the sidebar on the right of the slides.
  - a. [Texas Reporting Requirements & Intro to TxHSN, Part 1 of 4](#)
  - b. [TxHSN Reporting: Errors Report & NHSN Alerts, Part 2 of 4](#)
  - c. [TxHSN Reporting: Data Display, Part 3 of 4](#)
  - d. [TxHSN Reporting: Comments, Part 4 of 4](#)

## COMPARISON WITH CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

---

51. **What are the reporting requirements for DSHS vs CMS IPPS Ruling?** Please see the following Tables. See Question 25 for the DSHS schedule for phasing in the HAIs for reporting. Table 2 has the CMS current/proposed requirements that were updated 05/2012. For more information on CMS reporting, please see the following guidance documents on the NHSN website:

- a. [Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection \(CAUTI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Requirements](#)
- b. [Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection \(CLABSI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Requirements](#)
- c. [Operational Guidance for Reporting Surgical Site Infection \(SSI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Program Requirements](#)

**Table 2: Healthcare Facility HAI Reporting Requirements to CMS via NHSN: Current and Proposed Requirements**

*DRAFT (5/9/2012)*

HAI Event	Reporting Specifications	Reporting Start Date
CLABSI	Acute Care Hospitals: Adult, Pediatric & Neonatal ICUs	January 2011
CAUTI	Acute Care Hospitals: Adult & Pediatric ICUs	January 2012
SSI	Acute Care Hospitals: Inpatient COLO & HYST Procedures	January 2012
I.V. antimicrobial start	Outpatient Dialysis	January 2012
Positive blood culture	Outpatient Dialysis	January 2012
Signs of vascular access infection	Outpatient Dialysis	January 2012
CLABSI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
CAUTI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
CAUTI	Inpatient Rehabilitation Facilities: Adult & Pediatric IRF Wards	October 2012
MRSA Bacteremia LabID Event	Acute Care Hospitals: FacWideIN	January 2013
<i>C. difficile</i> LabID Event	Acute Care Hospitals: FacWideIN	January 2013
HCW Influenza Vaccination	Acute Care Hospitals	January 2013
CLABSI ( <i>proposed</i> )	PPS-Exempt Cancer Hospitals: all locations	TBD
CAUTI ( <i>proposed</i> )	PPS-Exempt Cancer Hospitals: all locations	TBD
HCW Influenza Vaccination ( <i>proposed</i> )	Long Term Care Hospitals*	TBD
HCW Influenza Vaccination	Ambulatory Surgery Centers	October 2014
TBD ( <i>future proposal</i> )	Hospital Outpatient Departments & Ambulatory Surgery Centers	TBD

\* Long Term Care Hospitals are called **Long Term Acute Care Hospitals** in NHSN



- 52. Will hospitals have to report infections twice... once for CMS Inpatient Prospective Payment System (IPPS) and once for Texas mandatory reporting?**  
No. You will only need to enter your hospital's data into NHSN once. Then CMS and the Texas Department of State Health Services (DSHS) will pull the data from NHSN, individually.
- 53. Is there a difference between the data displayed on the Hospital Compare website that comes from CMS and the data from the Texas Facility-Specific HAI Reports? If so, what are they?** Yes. The data from Hospital Compare and the data from the Texas HAI Reports will not be the same for the following reasons:
- The time period to which the data refer is not the same for Texas and CMS.
  - The day and time the data were obtained are not the same for Texas and CMS.
  - The type of data used to calculate the SIR is different
    - CMS is excluding outpatient procedures, superficial infections and SSIs that occurred > 30 days from the date the procedure was performed.
    - Texas is including all SSI data in our SIR calculation.
- 54. How do I find out more information about what CMS is requiring for reporting?**  
See question 51. For Acute-Care Hospitals, go to [Welcome to NHSN](#). There are links to operational guidance for acute care hospitals at the bottom of the page. For other healthcare facilities, please go to [Joining NHSN](#) and click on the appropriate link.

## **TEXAS HEALTH CARE SAFETY NETWORK (TxHSN)**

---

### *User Account Troubleshooting*

---

- 55. My facility's contacts have changed. How do I change them?** Download the letter: [HAI Reporting Notification for CEOs letter and Attachments](#). You only need to send us contact information if you are required to report HAIs to Texas. If you are required to report, return (email [HAITexas@dshs.state.tx.us](mailto:HAITexas@dshs.state.tx.us) or fax to 512.776.7616) Attachment 3 with the updated contact information.
- 56. I can't get into TxHSN. I have never received a username or password. How do I get one?** If you are not required to report HAIs to Texas or you are required to report to Texas but you have not enrolled in NHSN and conferred rights, then you will not have access to TxHSN. See question # 29 for enrollment information and # 35 for info on conferring rights to Texas. If you are required to report and you have enrolled in NHSN and conferred rights to Texas but still have not received a username and password for TxHSN, then you have not been designated as one of your facility's 2 contacts. To add yourself to the contact list or change the current contacts, you will need to fill out and return (via fax to 512.776.7616 or email to [HAITexas@dshs.state.tx.us](mailto:HAITexas@dshs.state.tx.us)) a form (Attachment 3 of the linked document) indicating your facility's 2 designated contacts. The form can be found at: [Hai Reporting Notification for CEOs letter and Attachments](#). Once DSHS receives your contact information, the contacts will get emails with their TxHSN username and first time password.



- 57. I forgot my username and/or password for TxHSN. What do I do now?** If you forgot your username, you will need to send an email to [HAITexas@dshs.state.tx.us](mailto:HAITexas@dshs.state.tx.us) requesting a new username. If you know your username but forgot your password:
- If you have previously completed your security question, click on “Reset your password” on the login page. Enter Username and email address and submit. You will receive an email with a link to the change password page where you will be able to create a new password. Or,
  - You will need to send an email to [HAITexas@dshs.state.tx.us](mailto:HAITexas@dshs.state.tx.us) requesting a new password.

### *Using/Navigating TxHSN*

---

- 58. How do I learn more about the Texas Health Care Safety Network (TxHSN)?** Below are links to 4 training presentations that will help facility users navigate in TxHSN. To view a transcript of this presentation, click on the Notes tab in the sidebar on the right of the slides.
- [Texas Reporting Requirements & Intro to TxHSN, Part 1 of 4](#)
  - [TxHSN Reporting: Errors Report & NHSN Alerts, Part 2 of 4](#)
  - [TxHSN Reporting: Data Display, Part 3 of 4](#)
  - [TxHSN Reporting: Comments, Part 4 of 4](#)
- 59. I don't understand my Data Display Report.** Listen to training - [TxHSN Reporting: Data Display, Part 3 of 4](#)
- 60. I don't understand my Errors Report.** Listen to the training - [TxHSN Reporting: Errors Report & NHSN Alerts, Part 2 of 4](#)
- 61. I don't know how to make comments on my Data Display Report.** Listen to training - [TxHSN Reporting: Comments, Part 4 of 4](#)
- 62. Is TxHSN the same thing as NHSN?** These are two separate web-based systems. Simply put, facilities enter surveillance data into NHSN and then Texas uses selected data from NHSN to generate facility-specific reports. The National Healthcare Safety Network (NHSN) is a secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. Each healthcare facility will login to NHSN and enter all applicable HAI data. DSHS will have rights to pull this data from NHSN. The data that DSHS gets from NHSN will then be stored in TxHSN, a web-based application and facility-specific reports (i.e. Facility Errors Reports and the HAI Data Display Reports) will be generated there. Designated facility contacts will be able to login to TxHSN to view these reports and make comments about their HAI data display report before it is published for public view.
- 63. I've updated my data in NHSN but my report in TxHSN has not been updated. Why is this?** NHSN is an open system, meaning that data can be manipulated (added, changed, deleted) at any time. In TXHSN, selected data is pulled at specific times during the year. Think of it as a snapshot of the data at that time. The data report may not change on the TxHSN reports until the next time data is pulled, which will include any previous changes you may have made in the NHSN data for that time period. A

timeline for TXHSN can be found at [Schedule for Texas Health Care-Associated Infections Reporting](#)

64. **How do I make comments on my Facility Errors Report?** You can only make comments on the Data Display Report.
65. **The Activity Summary shows many more records than I entered into NHSN. What's wrong?** The Activity Summary Box is the summary of ALL Texas records that were imported into TxHSN.

### *Facility Error Report*

---

66. **I was able to log in on all of our sites, but I cannot pull up the facility error report. I read the education file provided on the website, but nothing shows up in the Recent Records box on my screen so I can't get to the dashboard. I tried going to reports and accessing it on that screen, but I get an error that says, "This report can only be displayed for facilities. Please open a facility case and try again, or provide a valid facility ID." I can't find a place to enter the facility ID. Could you please tell me how to correct this error message?** If nothing is showing in the Recent Records box, you will need to first search for your facility record. In the dark gray bar at the top of the Main page, there is an icon that looks like a magnifying glass. Click on this to open the Search Record window. In the drop down box of the Record Type, choose Facility and then click the Search button at the bottom of the window. Your facility should show up in the Search Result box. Double click on the facility ID or facility name to load your Facility Record page. You should be able to access your Error Report there. After this, your facility should show up in the Recent Records box on the Main page. If it does not, just search for and open your facility record again to access to your reports.
67. **I have made all of the corrections on our site for NHSN, but I am still seeing an error message on the TxHSN Site for our hospital. Are there other areas that I need to correct to remove our errors from TXHSN?** Any changes made in NHSN after the "Data current as of" date (shown at the top of the Facility Errors Report) will not be reflected in the error report until the next data set is pulled by DSHS from NHSN. However, some errors will not be cleared from your Facility Errors Report due to inconsistencies with NHSN and TxHSN. We are planning to re-design the Facility Errors Report in early 2013. Just be sure you have cleared all the alerts under the Incomplete/Missing tabs in NHSN. If you have no alerts showing in this list, then your data are correct.
68. **When I am reviewing the Error Report, I see that only 10 procedures are listed but we had entered many more than that into NHSN. Why are there missing procedures?** It could be one of two things:
  - d. The procedures entered were entered after the date for the report was imported into TxHSN.
  - e. If rights to selected data were not conferred or it was for procedures not yet reportable for Texas (for example Colon surgery and Hysterectomies), we will not see these and TxHSN reports until then, will not include those procedures.

**69. I cannot run a new Data Display Report!** In TXHSN, Data Display Reports (Brief Facility Data Display Report and Extended Facility Data Display Reports) are generated and published by DSHS at specific times. NHSN is an open system, meaning that data can be manipulated (added, changed, deleted) at any time. In TXHSN, selected data are pulled at specific times during the year. Think of it as a snapshot of the data at that time. The Data Display Report will not change until the next time data is pulled. A timeline for TXHSN can be found at: [Schedule for Texas Health Care-Associated Infection Reporting](#)

In the meantime, you can run your SIR reports in NHSN using the Analysis feature. For training on how to use the Analysis features in NHSN, go to [Data Entry and Analysis Training](#) and click on the training for Intro to Analysis and Advanced NHSN Analysis.

**70. What is a SIR?** The SIR or Standardized Infection Ratio is a number that compares the number of HAIs that occur in a facility to a predicted number of infections (based on the US data and adjusted for risk factors). If the SIR is  $> 1$ , a facility is worse than the national experience. If the SIR is  $< 1$ , a facility is better than the national experience.

**71. Why doesn't this facility's report show any data or a message saying they were not required to report?**

A facility's report may not contain data or a message because of the following:

- The facility was not required to report to DSHS for the reporting time period noted in the title of the report.
- The facility was required to report and submitted HAI data to NHSN but did not give DSHS rights to access these data in NHSN for the appropriate reportable procedures and/or ICUs.
- The facility was required to report HAIs but failed to do so for the reporting time period noted in the title of the report.