

**Healthcare Associated Infection (HAI) Reporting
Frequently Asked Questions –FAQs
Updated: March 2016
(Updates shown in red with asterisk*)**

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REPORTING REQUIREMENTS

How to begin reporting?

The first thing you need to do is to learn about the state reporting requirements and determine whether your facility is required to report HAIs to Texas. Below are the reporting requirements.

Who must report?

Who is required to report: General hospital, licensed under Chapter 241 (excluding medical rehabilitation facilities) or Ambulatory Surgery Centers licensed under Chapter 243 are required to report Health care Associated Infection data through the National Healthcare Safety Network (NHSN). For more information about these reporting requirements go to www.HAITexas.org or email HAITexas@dshs.state.tx.us.

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, 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.

If your facility is not yet enrolled in NHSN and you are required to report, go to <http://www.cdc.gov/nhsn/enrollment/index.html> and select your facility type to begin the enrollment process. Once you have completed this step, you must join the Texas reporting group and confer rights. Please contact HAITexas@dshs.state.tx.us for instructions on how to do this after you enroll your facility. *(Posted 2012, Updated 2013)*

If an ASC does not do any of the surgical procedures, are they still required to report? All ASCs are required to report Preventable Adverse Events (PAEs) to Texas starting

in 2015 regardless of whether they are reporting HAIs through NHSN. For more information regarding PAE reporting, visit paetexas.org. If an ASC did not perform any of the surgical procedures within the last year, then they are not required to report HAIs to Texas via NHSN. However, if at any time the facility does perform one of the reportable procedures, they will be required to report at that time. *(Posted 2012, Updated 03/2016)*

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. *(Posted 2012)*

If I have two campuses (at different addresses) under the same license number, can they report under the same National Healthcare Safety Network (NHSN) Facility? No. Each campus (unless connected by a walkway or skybridge), must enroll in NHSN separately. To do this, the first campus can use the CMS number to register that site. The second campus will need to request a CDC Registration ID by emailing NHSN@cdc.gov. Once the second campus is enrolled, you should log into NHSN and add the CMS number to the Facility Information page for the second campus. This way, your facilities will be associated based on the CMS number. *(Posted 2012)*

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, NICU or any other type Critical Care Unit or perform any of the designated surgical procedures. *(Posted 2012)*

Are rehabilitation hospitals or psych/behavioral hospitals required to report HAIs to Texas? No. *(Posted 2012)*

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 (defined as a facility that performs surgeries, provides OB services or both) are required to report, while the ones licensed as Special Hospitals (do not perform surgeries or provide 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. *(Posted 2012)*

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. *(Posted 2012)*

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 http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. *(Posted 2012)*

Do inpatient rehab facilities have to report? No, inpatient rehabilitation facilities are not required to report to Texas. *(Posted 2012)*

Does my “swing” unit (a unit with patients at varying levels of acuity) have to report central line associated bloodstream infections (CLABSIs) and catheter associated urinary tract infections (CAUTIs)? No. This unit is considered a Mixed Acuity Ward, not an Intensive Care Unit. *(Posted 2012)*

What to report?

What needs to be reported? 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 (CLABSIs) and catheter associated urinary tract infections (CAUTIs) in intensive care units & critical care units. NOTE: CAUTI reporting is NOT required for Neonatal ICUs.

More information on CLABSI reporting through the National Healthcare Safety Network (NHSN) can be found at <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>. More information on CAUTI reporting through NHSN can be found at <http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>.

Pediatric/adolescent general hospitals (i.e. Children's Hospitals) are required to report Surgical Site Infections (SSIs) and related data for the following surgical procedure categories:

- **Spinal surgery with instrumentation** (Laminectomies-LAM, Fusions-FUSN, Refusions-RFUSN)
- Cardiac procedures including Heart Transplant (CARD and HTP)
- Ventricular shunt operations (VSHN)

Adult care general hospitals and Ambulatory Surgery Centers (ASCs) report Surgical Site Infections (SSIs) and related data for the following surgical procedure categories:

- Colon surgeries (COLO)
- Hip arthroplasties (HPRO)
- Knee arthroplasties (KPRO)
- Abdominal hysterectomies (HYST)
- Vaginal hysterectomies (VHYS)
- **Coronary artery bypass grafts** (with chest and donor site incision – CBGB and with chest incision only – CBGC)
- **Vascular procedures** (abdominal aortic aneurysm repairs-AAA, carotid endarterectomies-CEA, peripheral vascular bypass grafts-PVBY)

For more information, go to www.HAITexas.org.

Are there any resources for collecting and reporting HAI data? The best place to find information about how to report and collect data for entry into the National Healthcare Safety Network (NHSN) can be found on their website, www.cdc.gov/nhsn. Additional resources can be found on the Texas HAI website, www.HAITexas.org. *(Posted 2012)*

What do Ambulatory Surgical Centers (ASCs) have to report? ASCs report the same surgical site infections (SSI) as general hospitals. They do not have to report CLABSI or CAUTI because ASCs do not have inpatient ICUs or CCUs to report them from. *(Posted 2012, Updated 2013)*

Do the reporting requirements for central line associated blood stream infection (CLABSI) and catheter associated urinary tract infections (CAUTI) in Intensive Care Units (ICUs) include High Observation Units (HOUs) in long term acute care facilities (LTACs)? No. LTACs are NOT included unless they have an 'ICU' or critical care unit (CCU) within their facility. *(Posted 2012)*

Who is 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 up to two facility contacts that will be responsible for communications with Texas 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.). *(Posted 2012, Updated 03/2016)*

What are the details for reporting the Preventable Adverse Events (PAE)? Go to www.PAETexas.org or email PAETexas@dshs.state.tx.us for more information regarding PAE reporting. *(Posted 2012, Updated 01/2015)*

My facility uses CPT codes instead of ICD-10 codes. Is there a reference for CPT codes and ICD-10 codes? Currently, there are not CPT codes for all of the NHSN

procedures. The CPT codes are posted in the Surgical Site Infection Protocol found on the NHSN website here:

<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept> When available, ICD-10-CM codes take precedence over CPT codes when determining the appropriate NHSN operative procedure category for inpatient surgery cases. *(Posted 2012, Updated 03/2016)*

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 82nd 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. *(Posted 2012)*

Are superficial surgical site infections required to be reported?? Yes. A condition of use for the National Healthcare Safety Network (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. *(Posted 2012)*

Are secondary surgical site infections (SIS – superficial incisional secondary; DIS – deep incisional secondary) required to be reported? Yes. A condition of use for the National Healthcare Safety Network (NHSN) is that facilities enter all infections identified (including secondary SSIs). HOWEVER, they will not be included in the facility's SIR calculation for DSHS as well as for CMS. *(Posted 2012)*

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. *(Posted 2012)*

What are the details of Respiratory Syncytial Virus (RSV) reporting? Currently, the state is not requiring RSV reporting. *(Posted 2012)*

How do I communicate to the Texas Department of State Health Services (DSHS)? Facilities may contact DSHS by email to HAITEXAS@dshs.state.tx.us or by phone (512.776.7676). *(Posted 2012)*

What types of communications will I receive from DSHS? Designated Facility Contacts may receive emails, letters, faxes or phone calls from DSHS. *(Posted 2012)*

Why report?

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’s Health Facility Program (often referred to as Regulatory) can suspend or revoke a hospital’s license or place a hospital on probation. *(Posted 2012)*

When to Report?

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 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. *(Posted 2012)*

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
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NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

NHSN Facility Administrator

I am the NHSN Facility Administrator and am leaving this facility. What do I need to do to set up my replacement? Note: only the Facility Administrator can reassign the role to another user. You will need to log into NHSN and reassign the Facility Administrator. In NHSN, from the blue navigation bar, click on Facility → Facility Info. Then scroll to the bottom section called “Contact Information.” Where it says Facility Administrator under Contact type, click the “Reassign” button on the right. *(Posted 2012)*

Enrollment

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

Follow the instructions in the [NHSN Facility Administrator Enrollment Guide](#) . *(Posted 2012)*

What if my hospital system has more than one campus/facility under the same Centers for Medicare and Medicaid Services (CMS) number? Facilities will be required to report separately for each hospital campus. Each facility should enroll separately in National Healthcare Safety Network (NHSN). 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. Once each facility campus is enrolled, you must log into NHSN and enter your facility’s CCN in the Facility Information page. *(Posted 2012)*

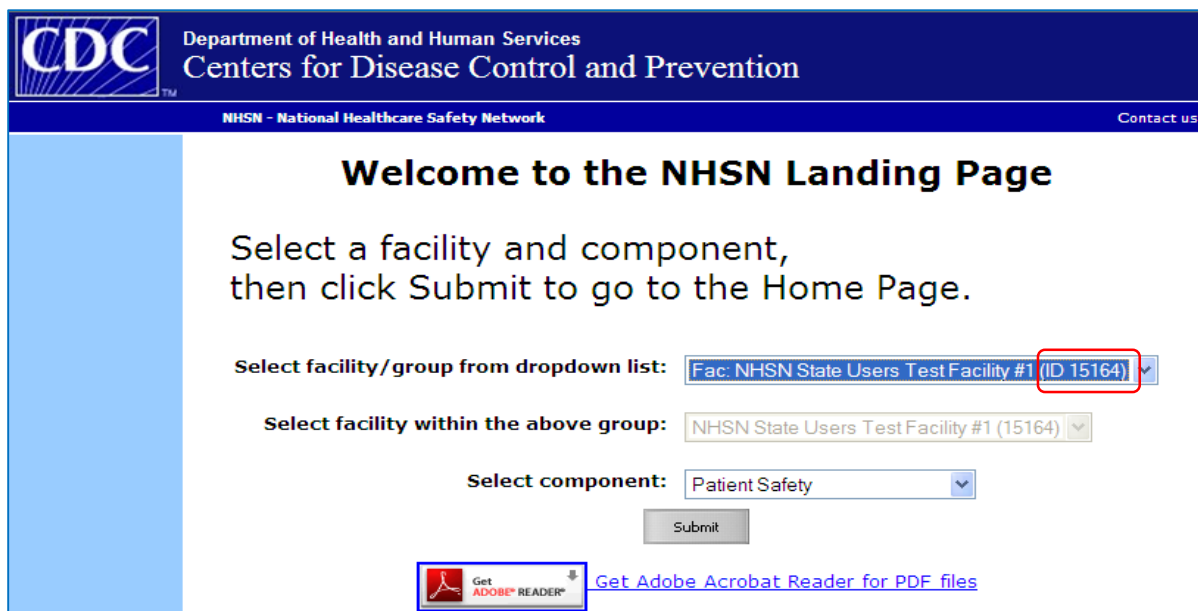
If my hospital has an affiliated Ambulatory Surgery Center (ASC), should I enroll the hospital and the ASC separately into the National Healthcare Safety Network (NHSN)? It depends. See below.

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.

(Posted 2012)

If our facility is not required to report, do we still need to enroll in the National Healthcare Safety Network (NHSN) and 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. *(Posted 2012)*

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. *(Posted 2012)*



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, Contact us.
- Section Header:** Welcome to the NHSN Landing Page
- Text:** 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) [Red box around ID 15164]
 - Select facility within the above group: NHSN State Users Test Facility #1 (15164)
 - Select component: Patient Safety
- Buttons:** Submit
- Footer:** Get Adobe Reader for PDF files

Confer Rights

How do I confer rights to (share my data with) the state of Texas through the National Healthcare Safety Network (NHSN)?

1. For Ambulatory Surgery Centers (ASCs), go to: [ASC Confer Rights Document](#)
2. For General Hospitals go to: [General Hospital Confer Rights Document](#)

(Posted 2012, Updated 2014)

How do I confer rights to (share my data with) the state of Texas through National Healthcare Safety Network (NHSN)?

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

You will need to re-confer the rights template. 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. (Posted 2012)

The screenshot displays the NHSN web interface. At the top, the CDC logo and "Department of Health and Human Services Centers for Disease Control and Prevention" are visible. Below this, the NHSN logo and "NHSN - National Healthcare Safety Network" are shown, along with navigation links for "NHSN Home", "My Info", "Contact us", "Help", and "Log Out". The user is logged in as "JVINYARD" at "NHSN State Users Test Facility #1 (ID 15164)".

The main content area is titled "Memberships" and displays a message: "Conferred Rights saved successfully for group HAITexas (15833)". Below this, a section titled "Groups that have access to this facility's data" shows a table with one entry: "HAITexas (15833)". A red box highlights this entry. To the right of the table, there is a "Confer Rights" button, also highlighted with a red box, and a "HELP" link. Below the table, there is a "Leave Group(s)" button and another "HELP" link.

At the bottom of the page, there is a section titled "Enter ID and Password for this facility to join a new group" with input fields for "Group ID:" and "Group Joining Password:", and a "Join Group" button with a "HELP" link.

The left navigation bar includes the following items: "NHSN Home", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", "Import/Export", "Analysis", "Surveys", "Users", "Facility", "Group", "Confer Rights" (highlighted with a red box), "Join", "Leave", "Nominate", and "Log Out".

NHSN Data Submission

What are the reporting requirements for Texas vs CMS? For a table with the CMS reporting schedule go to <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>

Texas Reporting Requirements (for more information, go to www.HAITexas.org): 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 (CLABSIs) and catheter associated urinary tract infections (CAUTIs) in intensive care units & critical care units. More information on CLABSI reporting through the National Healthcare Safety Network (NHSN) can be found at <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>. More information on CAUTI reporting through NHSN can be found at <http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>. 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](#)

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-10-CM codes linked to that operative procedure can be found on the NHSN website at <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>

- Knee arthroplasties (KPRO - Knee prosthesis).
- Hip arthroplasties (HPRO - Hip prosthesis).
- Coronary artery bypass grafts (CBGB - Coronary artery bypass graft with both chest and donor site incisions; CBGC - Coronary artery bypass graft with chest incision only).
- Colon surgeries (COLO - Colon surgery).
- Abdominal hysterectomies (HYST - Abdominal hysterectomy).
- Vaginal hysterectomies (VHYS - Vaginal hysterectomy).
- Vascular procedures (AAA - Abdominal aortic aneurysm repair; CEA - Carotid endarterectomy; PVBY - Peripheral vascular bypass surgery).

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-10-CM codes linked to that operative procedure.

- Ventriculoperitoneal shunts including revision and removal of shunt (VSHN - Ventriculoperitoneal shunt).
- Cardiac procedures, excluding thoracic cardiac procedures (CARD - Cardiac surgery; HTP - Heart transplant).
- Spinal surgery with instrumentation (FUSN - Spinal fusion; LAM - Laminectomy; RFUSN - Refusion of spine).

(Posted 2012, Updated 03/2016)

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. *(Posted 2012)*

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. *(Posted 2012)*

What is the denominator and numerator information for catheter associated urinary tract infections (CAUTIs), central line associated blood stream infections (CLABSIs) and surgical site infections (SSIs) in regards to reporting?

The denominator for CAUTIs is the total number of urinary catheter days and for CLABSI it 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 CAUTI, CLABSI and SSI are the number of events (infections) for that month. SSIs are counted for the month the surgery occurred. CAUTIs and CLABSIs are counted for the month the infection occurred. *(Posted 2012)*

Incomplete/Missing List

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. There is a link to an Alerts List that links to the Incomplete/Missing list on your landing page in

NHSN. You can also navigate to the Alerts list by clicking on Alerts from the blue navigation bar in NHSN. *(Posted 2012, Updated 01/2015)*

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. *(Posted 2012)*

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. *(Posted 2012)*

According to my Internal Data Review Report in TxHSN, I have “Incomplete Records,” but when I look in NHSN, there are none showing in my Action Items list. What are these records and why are they showing on the Internal Data Review report and not in NHSN? Some incomplete records are not included in the Action Items list in NHSN. See explanation below for an explanation of the errors that may appear on your Internal Data Review Report. *(Posted 2012, Updated 03/2016)*

Error Type	Explanation
Incomplete record	<p>You have entered incomplete surgical procedure data and this record will not be included in the SIR calculation. The following would cause a procedure record to be incomplete:</p> <ol style="list-style-type: none"> 1. Missing one or more of the risk factors as defined in Appendix D of the NHSN October 2010: Special Edition Newsletter http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf 2. Procedure duration is <5 minutes or >IQR5 (see Appendix E of NHSN October 2010: Special Edition Newsletter) 3. Patient's age at procedure is ≥ 109 years 4. Wound Class = 'U' (Unknown) 5. Approach for FUSN or RFUSN = 'N'

	<p>6. Spinal Level for FUSN = 'N'</p> <p>Double check this information. If this was incorrectly entered into NHSN, please make corrections. If it is correct as is, then it is an outlier and will not be used in your SIR calculation.</p>
<p>Length of stay in ICU/NICU prior to CLABSI or CAUTI > 60 days</p>	<p>You reported a CLABSI for a patient that occurred greater than 60 days after the patient was admitted to the unit. This alert is intended as a check-point and does not indicate non-compliance. Please verify the dates and correct in NHSN, as needed.</p>

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HEALTH CARE-ASSOCIATED INFECTION DEFINITIONS

Central Line Associated Bloodstream Infections (CLABSIs)

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](#))(Posted 2012)

***If a patient has a blood stream infection (BSI) on admission and does not have a central line and then a central line is placed and another pathogen grows in the blood culture, is this a CLABSI? Or does the BSI without a central line start the RIT for the subsequent positive blood culture making this a BSI and not a CLABSI?** NO CLABSI will be reported for the subsequent BSI. A primary BSI on admission,

sets a BSI Repeat Infection Timeframe (RIT), regardless of whether or not the BSI was central-line related. Any positive blood culture collected during the BSI RIT will not be reported as another BSI.

(Posted 03/2016)

***If positive blood cultures with the same organism begin within the 14 day RIT time period and continue past the 14 day RIT window, will this be a new bloodstream infection?** Yes. Any BSIs with a date of the event on the first day following the BSI RIT, will be eligible for BSI attribution, even if the patient had a positive blood culture with the same organism, during the RIT. The RIT is simply an objective time period developed for surveillance to avoid the subjectivity of determining whether a previous infection is unresolved. (Posted 03/2016)

***If a patient meets definition for CLABSI, plus the patient has pus at the peripheral IV site and a positive IV site culture growing the same organism, would this be reported as a CLABSI, LCBI, or VASC?** If pus from the peripheral IV site was positive for a matching organism from the blood during the Infection Window Period of the blood, it would be an LCBI but not a CLABSI. (Posted 03/2016)

Surgical Site Infections (SSIs)

What data are excluded from the SSI SIR calculation used for the Public Health Care Safety Reports? Some surgical procedures and associated SSIs are not included in a facility's SIR calculation if the SSI was a secondary infection (e.g., superficial incisional secondary (SIS), deep incisional secondary (DIS) infections), and procedures and associated SSIs that are not reported with primary closure. (Posted 01/2015)

How do I determine whether a procedure was Inpatient or Outpatient? If the NHSN operative procedure was performed in an outpatient Operating Room (OR) location, then the procedure is coded as an Outpatient procedure. If the majority of patients undergoing procedures in this OR area are not intended to be admitted to an inpatient unit, then all of the procedures from this OR area will be considered outpatient procedures. Note: If the facility has only one OR area and they perform all of their inpatient and outpatient procedures in this same OR area, it should be considered an inpatient OR and all procedures performed in this area are considered inpatient procedures. (Posted 01/2015)

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.

An NHSN operative procedure is a procedure:

1. That is included in Table 1 of the NHSN SSI Protocol found here: [Surgical Site Infection \(SSI\) Event](#).

AND

2. Takes place during an operation where at least one incision (including laparoscopic approach) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure

AND

3. Takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room or a cardiac catheterization lab.

Exclusions: Otherwise eligible procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI Surveillance.

NOTE: Incisional closure method is NOT a part of the NHSN operative procedure definition; all otherwise eligible procedures are included, regardless of closure type. Therefore both primarily closed procedures and those that are not closed primarily should be entered into the denominator data for procedures in the facility's monthly reporting plan. Any SSIs attributable to either primarily closed or non-primarily closed procedures should be reported. But only those closed primarily will be used in the SIR calculation that will be displayed by Texas. (Posted 2012, Updated 01/2015)

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

See the National Healthcare Safety Network (NHSN) SSI Reporting protocol at: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf> (Posted 2012)

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. (Posted 2012)

What is the surveillance definition for superficial surgical site infections (SSI)?

See the National Healthcare Safety Network (NHSN) SSI Reporting protocol at: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf> (Posted 2012)

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 once the facility has conferred rights. However, the TxHSN HAI contacts will need to check the data in TxHSN for accuracy (Posted 2012, Updated 03/2016).

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:

1. The time period to which the data refer is not the same for Texas and CMS.
2. The day and time the data were obtained are not the same for Texas and CMS.
3. The type of data used to calculate the SIR is different
 - a. CMS is excluding outpatient procedures, superficial infections and SSIs that occurred > 30 days from the date the procedure was performed.
 - b. Texas is including all SSI data in our SIR calculation.

(Posted 2012)

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TEXAS HEALTH CARE SAFETY NETWORK (TxHSN)

User Account Troubleshooting

My facility's contacts have changed. How do I change them? It depends:

1. If you are already a facility contact, you can log in and request the changes through the system. Log in and open your facilities record, open the question package "view/update TxHSN Contacts", input the change information and save. The change will be processed shortly after that.
2. If there are no active contacts for your facility, download the contact change form from the www.HAITexas.org website: [HAI Contact Change Form](#). Return the form (email HAITexas@dshs.state.tx.us or fax to 512.776.7616) with the updated contact information. The contacts will receive a TxHSN username and password via email to access their account. (Posted 2012, Updated 03/2016)

I can't get into TxHSN. I have never received a username or password. How do I get one? You may not have designated contacts for your facility. Each facility is able to designate up to 2 contacts for HAI reporting. These HAI contacts will be able to preview data reports in TxHSN and submit comments for approval regarding the HAI data that will be published. To add or change HAI contacts:

1. If there is an active facility contact, they can log in and request the changes through the system. Log in and open their facilities record, open the question package "view/update TxHSN Contacts", input the change information, check the boxes and save.
2. If there are no active contacts for your facility, download the contact change form from the www.HAITexas.org website: [HAI Contact Change Form](#). Return the form (email HAITexas@dshs.state.tx.us or fax to 512.776.7616) with the updated contact information.

Once DSHS receives your contact information the contacts will get emails with their TxHSN username and temporary password. If you are a designated contact and you still have not received your account information, please check your spam folder first before emailing HAITexas@dshs.state.tx.us (*Posted 2012, Updated 03/2016*)

When I log into TxHSN, I do not see my facility under Recent Records. How do I view my reports? 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 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. (*Posted 2012*)

I forgot my username and/or password for TxHSN. What do I do now? If you forgot your username:

1. 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. Check your spam folder if you do not receive the email in your inbox.

OR

2. You will need to send an email to HAITexas@dshs.state.tx.us requesting a new password.

(*Posted 2012, Updated 03/2016*)

Is TxHSN the same thing as NHSN? These are two separate web-based systems. 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. Simply put, facilities enter surveillance data into NHSN and then Texas uses selected data from NHSN to generate facility-specific reports in TxHSN. 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. *(Posted 2012)*

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. *(Posted 2012)*

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DATA REPORTS

Internal Data Review Report

What is the TxHSN Internal Data Review Report? The TxHSN Internal Data Review Report shows the number of records that were submitted to NHSN for each record type for a given reporting time period. This report shows the total number of Event (infection) records (CLABSIs, CAUTIs and SSIs) and Procedure records that we have pulled from NHSN for your facility. Total numbers of each record type are shown in the first table. The following tables show the number of records reported by unit type or procedure type and year/month. Please verify these record counts to make sure all of your HAI records have been reported to Texas. NOTE: This report will only count records for which your facility has conferred rights to Texas to view. *(Posted 2014)*

What is the Internal Data Review Report?! What happened to the Facility Errors Report? Texas updated the Facility Errors Report to reflect those issues that NHSN did not include in their Action Items list. Instead, this report shows the total number of infection records your facility entered for the reporting time period. The last table shows some errors that are not

displayed in the NHSN action items list. You are still expected to clear out any outstanding action items for the reporting time period by the data correction deadline. *(Posted 2014)*

How do I make comments on my Internal Data Review Report? You can only make comments on the Facility HAI Report. *(Posted 2014)*

How do I view/run my Internal Data Review Report? Log on to TxHSN at <https://txhsn.dshs.texas.gov/txhsn/login.do> to run your Internal Data Review Report. *(Posted 2014)*

1. Once you have logged in to TxHSN Record. Look for your Facility Record listed in the box labeled "Recent Records." If your Facility Record is listed under "Recent Records", click on the ID number next to the facility name. This will open your Facility Record. **If your Facility Record is not listed under "Recent Records" you will need to search for your record before you can open it.** To search for your Facility Record, click the Search Record icon in the upper left corner of the screen. The icon looks like a magnifying glass. This will open a new Search page. On the Search page, find the field labeled "Record Type" located about halfway down the page. Choose "Facility" for the Record Type. Click the gray button labeled "Search" at the bottom of the page. Your facility name should appear in the Search Results table on the right side of the page. Double-click on the name of your facility. This should open your Facility Record.
2. Now that you have opened your Facility Records, you can access your Internal Data Review Report by clicking on the "Internal Data Review Report" link located in the top half of the page, next to the box labeled "Facility Links". This will take you to a new page labeled "TxHSN Reporting". Click on the "Run Report" button on the TxHSN Reporting page. Your Internal Data Review should open in a new window. Please note the facility name and "Data current as of" date in the heading of the report. You can print the report for your records.

I was able to log in on all of our sites, but I cannot pull up any of my reports. I read the instructions provided, but nothing shows up in the Recent Records box. What do I need to do? 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 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. *(Posted 2014)*

I have made all of the corrections on our site for NHSN, but I am still seeing an error message on the TxHSN report 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 Internal Data Review Report) will not be reflected in this report until the next data set is pulled by DSHS from NHSN. 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. *(Posted 2014)*

When I am reviewing the Internal Data Review 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:

1. The procedures entered were entered after the date for the report was imported into TxHSN.
2. 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.

(Posted 2014)

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Facility HAI Report

What data are excluded from the SSI SIR calculation used for the Technical Health Care Safety Reports? Some surgical procedures and associated SSIs are not included in a facility’s SIR calculation if the SSI was a secondary infection (e.g., superficial incisional secondary (SIS), deep incisional secondary (DIS) infections), and procedures and associated SSIs that are not reported with primary closure. *(Posted 01/2015, Updated 03/2016)*

What is the Health Care Safety Report?! What happened to the Facility HAI Data Report (previously known as the Data Display report)? The Health Care Safety Report, also referred to as the HCS Report, is an updated version of the Facility HAI Data Report. The name was changed to better reflect the contents of the report now that Preventable Adverse Events (PAEs) are reportable in 2015. Additionally, feedback was provided regarding the contents of the report and how data are displayed.

As was the case previously, there are still two versions of the report available to view. The Consumer Version is targeted to the general public who may not be familiar with technical terms. This version of the report shows the actual number of infections, the predicted number of infections (based on the national baseline from 2006-2008 for CLABSI and SSI and 2009 for CAUTI), a written interpretation of how the data compares to the national data and the total number of HAIs that contributed to a patient's death. The second version of the report is the Technical Version which is geared toward public health and healthcare professionals with more of a statistical background and understanding of the data. The Technical Version of the report contains the same information as the Consumer Version, with the addition of denominator data, the Standardized Infection Ratio (SIR) and the 95% Confidence Interval. The Interpretation column also provides additional information regarding the data and provides the specific baseline years that were used for comparison.

In addition, the symbols were changed to make it easier to interpret on first glance. Instead of using the star system, the report uses green and red triangles with the words to help the audience interpret the findings. *(Posted 01/2015, Updated 03/2016)*

How do I preview the Health Care Safety Report?

1. Open your Facility Record. Once you have logged in to TxHSN, open your Facility Record. Look for your Facility Record listed in the box labeled "Recent Records." If your Facility Record is listed here, click on the ID number next to the facility name. This will open your Facility Record. **If your Facility Record is not listed in Recent Records, you will need to search for it.** To search for your Facility Record, click the Search Record icon in the upper left corner of the screen. The icon looks like a magnifying glass. This will open a new Search page. On the Search page, find the field labeled "Record Type" located about halfway down the page. Choose "Facility" for the Record Type (if it is not already selected for you). Click the button labeled "Search" at the bottom of the page. Your facility name should appear in the Search Results table on the right side of the page. Double-click on the name of your facility. This should open your Facility Record.
2. Run your Health Care Safety Reports. You can access the Consumer Health Care Safety Report and Technical Health Care Safety Report by clicking on the "Consumer Health Care Safety Report" link or "Technical Health Care Safety Report" located in the top half of the page, next to the box labeled "Facility Links". This will take you to a new page labeled "TxHSN Reporting". On the TxHSN Reporting page, click on the "Run Report" button. Your Health Care Safety Report should open in a new window. Please note the facility name and "Data current as of" date in the heading of the report. You may want to print the report for your records.

(Posted 2012, Updated 01/2015)

How do I submit a comment regarding my Health Care Safety Report? If you wish, you may submit a comment to add to your facility's HCS Reports. This comment will

appear at the bottom of both versions of the report for the public to view. Please note that DSHS does not have expectations for the content of these comments, however, this is an opportunity for facilities to explain any prevention measures that have been implemented to help decrease infection risk for its patients. Please review the general guidelines below. **Note:** If you are a PAE user, you will submit a comment using the "Submit comment on PAE data" Question Package. If you are as HAI user, you will submit a comment using the "Submit comment on NHSN (HAI) data." Only PAE users can submit PAE comments and only HAI users can submit HAI comments. These comments will be listed separately on the HCS reports.

1. **Open your Facility Record.** Once you have logged in to TxHSN, open your Facility Record. Look for your Facility Record listed in the box labeled "Recent Records." If your Facility Record is listed here, click on the ID number next to the facility name. This will open your Facility Record. **If your Facility Record is not listed in Recent Records, you will need to search for it.** To search for your Facility Record, click the Search Record icon in the upper left corner of the screen. The icon looks like a magnifying glass. This will open a new Search page. On the Search page, find the field labeled "Record Type" located about halfway down the page. Choose "Facility" for the Record Type (if it is not already selected for you). Click the button labeled "Search" at the bottom of the page. Your facility name should appear in the Search Results table on the right side of the page. Double-click on the name of your facility. This should open your Facility Record.
2. **Double click on the "Submit comment..." question package.** With your Facility Record open, find the question package labeled "Submit comment on [PAE or NHSN (HAI)] data". This is located toward the middle of the page, under the box labeled "Record Information". Open the question package by double-clicking on it. You can also click to highlight the line in yellow, and then click "View Question Package" toward the bottom of the page.
3. **Enter your Comment.** Now that you are viewing the Submit Comment page, locate the section on the page with the appropriate Reporting Time Period. Find the box with the message "Enter comments regarding your Facility HCS Report here:" Follow the instructions on the screen.
4. **Submit your Comment to DSHS for review.** All comments must be entered and submitted to DSHS for review by the Comment Deadline. Once you have entered your comment, change the answer to "Submit comment to DSHS for review?" to YES. Then click **SAVE**. **Please read carefully: You will not be able to change your comment once it has been submitted. Only comments that are submitted and approved will appear on the published reports.**
5. **SAVE your comment.** Click the "Save" button at the top of the screen to save your comment. If you do not save the info, you will lose your comment and will need to re-submit it. You can now exit the Facility Record by clicking "X" in the top right corner of

the page. You can log back in to TxHSN in 2-4 days to see if your comment has been approved by DSHS.

Additional instructions and information: You are not required to submit a comment. Please do NOT enter and submit a comment that says, "No comment." Comments will not be approved if they contain any of the following:

- Inappropriate language
- References to another health care facility
- Do not reflect the current reporting time period
- Were submitted after the Facility Comments Deadline

(Posted 2012, Updated 01/2015)

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 certain 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. *(Posted 2012)*

If I have a SIR of 1.5, what does that mean? What if my SIR is 0.5? A SIR of 1.5 indicates that a facility experienced 50% more infections than predicted based on the national baseline for the particular HAI type. A SIR of 0.5 means that your facility experienced 50% less infections than predicted based on the national baseline for the particular HAI type. *(Posted 2012)*

Contributed to Death

How can I tell if an HAI contributed to or resulted in the death of a patient? The DSHS definition of "HAI contributed or resulted in death" follows the same definition as determined by NHSN for the field "Event contributed to death." The NHSN Key Terms found at this link: http://www.cdc.gov/nhsn/PDFs/pscManual/16pscKeyTerms_current.pdf defines this as an event that "either directly caused death or exacerbated an existing disease condition which then led to death." No further guidance from NHSN is provided. However, many facilities may opt to consult with members of their medical staff and facility administration to determine the cause of patient deaths. Unless there is clear documentation that the infection contributed to the death of a patient, the facility should answer "no" to the question of whether the event contributed to death. *(Posted 2014)*

Data Audits

Why does DSHS sometimes lump surgery SIRs together when auditing? All data submitted to DSHS is subject to audit. DSHS looks at all Texas reporting data that are submitted to NHSN. When deciding what facilities to audit, we look to see if they have a significantly high SIR in any of the NHSN determined strata (levels), not just the stratum that is published on the Facility-specific HAI Reports. For SSIs, the strata include facility-wide, for each procedure type, and for each procedure type performed in a specific setting (i.e. inpatient or outpatient). For device associated infections, these strata are facility-wide, for overall unit type (i.e. all ICUs or all NICUs), for specific unit type (e.g. all medical ICUs), and for a specific unit (e.g. 3 south). *(Posted 2014)*

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