

NJ HAI Reporting: Implementation Guide

Version 2.0 (September 3, 2008)

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Checklist

HAI Reporting in New Jersey

Enroll your facility in the National Healthcare Safety Network (NHSN)

Follow step-by-step instructions in the Facility Administrator Enrollment Guide to:

- ___ Accept Rules of Behavior at: <http://www.ncid.cdc.gov/RegistrationForm/>
- ___ Register with NHSN
- ___ Obtain a digital certificate from the Secure Data Network (SDN) (if you do not already have one), selecting the **National Healthcare Safety Network** as the program and **NHSN Enrollment** as an activity. ***After installation, make a back-up copy of your digital certificate.***
- ___ Enroll in NHSN. Access the NHSN through the SDN and select **NHSN Enrollment** (upper left hand corner). You must print and complete **offline** two hospital forms for Patient Safety component. Then re-enter NHSN through SDN and enroll facility with completed form data.
- ___ Print, sign and return signed Consent Form to NHSN and await approval email.

Perform Administrative Set-up in NHSN

- ___ Access NHSN through the SDN by selecting **NHSN Reporting** (upper left hand corner)
- ___ Add Users and Assign User Rights (After the facility administrator adds users, each user will receive email prompts to accept Rules of Behavior, obtain a digital certificate, and select **NHSN Reporting** as their activity. See the **User Start-Up Guide** for details.)
- ___ Add Locations. If you desire, add Surgeons.
- ___ Submit a Monthly Reporting Plan through NHSN (twelve plans in all, one for each month)

Need Help?

NHSN e-mail: nhsn@cdc.gov

Website: http://www.cdc.gov/ncidod/dhqp/nhsn_contacts.html

- ___ Join the NJ State HAI Group (Group ID: 13123, Group Joining Password: f5603%QIcr9. See **Instructions for NHSN Facility Administrators on How to Join the NJ State HAI Group** for details.)
- ___ Confer rights to NJ DHSS to meet your institution's obligation to report data (See **Instructions for NHSN Facility Administrators on Conferring Rights to the NJ State HAI Group** for details.)
- ___ Create a custom field on the Surgical Site Infection Event Form to report whether infections identified postdischarge were found by readmission to a second hospital. (See **Instructions for NHSN Facility Administrators on Creating a Custom Field to Report on Type of Postdischarge SSI** for details.)

Begin surveillance no later than January 1, 2009

- ___ Learn and use NHSN definitions and protocols
- ___ Report central line-associated bloodstream infections in all ICUs and monthly denominator data including ICU patient days and ICU central line days.
- ___ Report all Coronary Artery Bypass Graft (CBGB and CBGC) operative procedures and surgical site infections associated with them. ***For surgical site infections identified postdischarge, report whether event was found during readmission to a second hospital.***
- ___ Report all abdominal hysterectomy (HYST) operative procedures and surgical site infections associated with them. ***For surgical site infections identified postdischarge, report whether event was found during readmission to a second hospital.***

Need Help?

NHSN e-mail: nhsn@cdc.gov

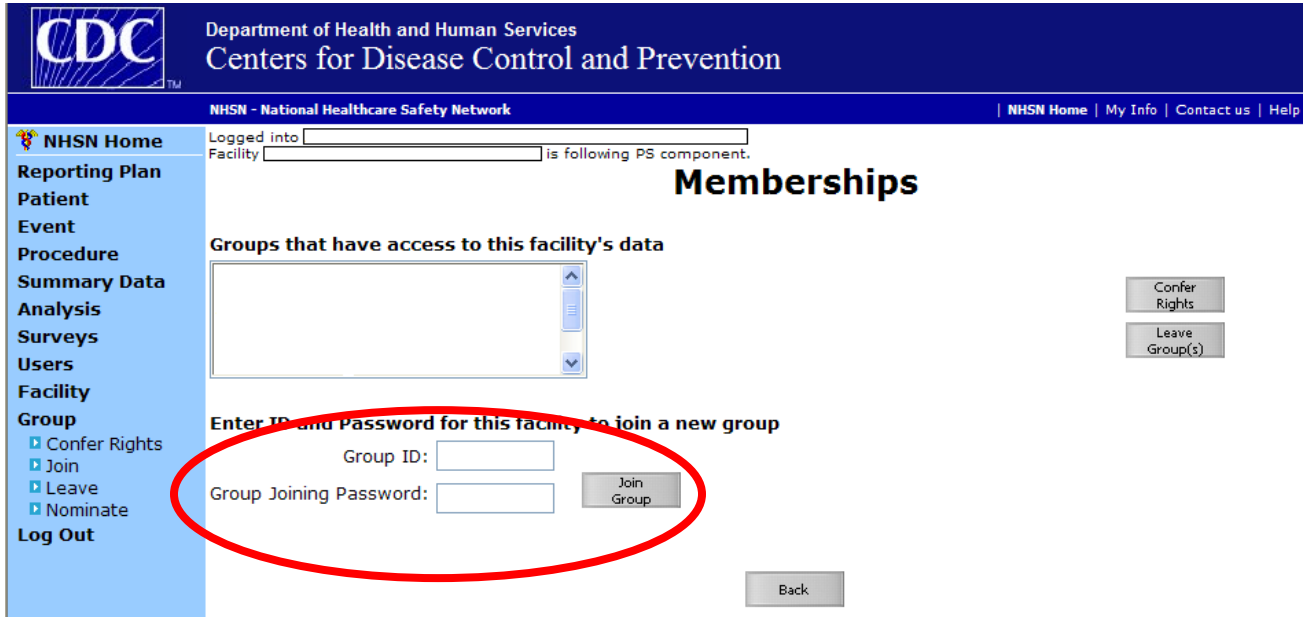
Website: http://www.cdc.gov/ncidod/dhqp/nhsn_contacts.html

NJ State HAI Reporting: Instructions for NHSN Facility Administrators on How to Join the NJ State HAI Group

1. Log in to NHSN.
2. The **Welcome to the NHSN Home Page** screen will appear. On the left navigation bar, click on **“Group”** and select **“Join”**.

The screenshot shows the NHSN Home Page. The left navigation bar is highlighted in blue and contains the following items: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Analysis, Surveys, Users, Facility, Group (circled in red), Confer Rights, Join, Leave, Nominate, and Log Out. The main content area features a welcome message and a maintenance notice in a red dashed box. Below the notice is a link to 'Get Adobe Acrobat Reader for PDF files' and a confidentiality statement.

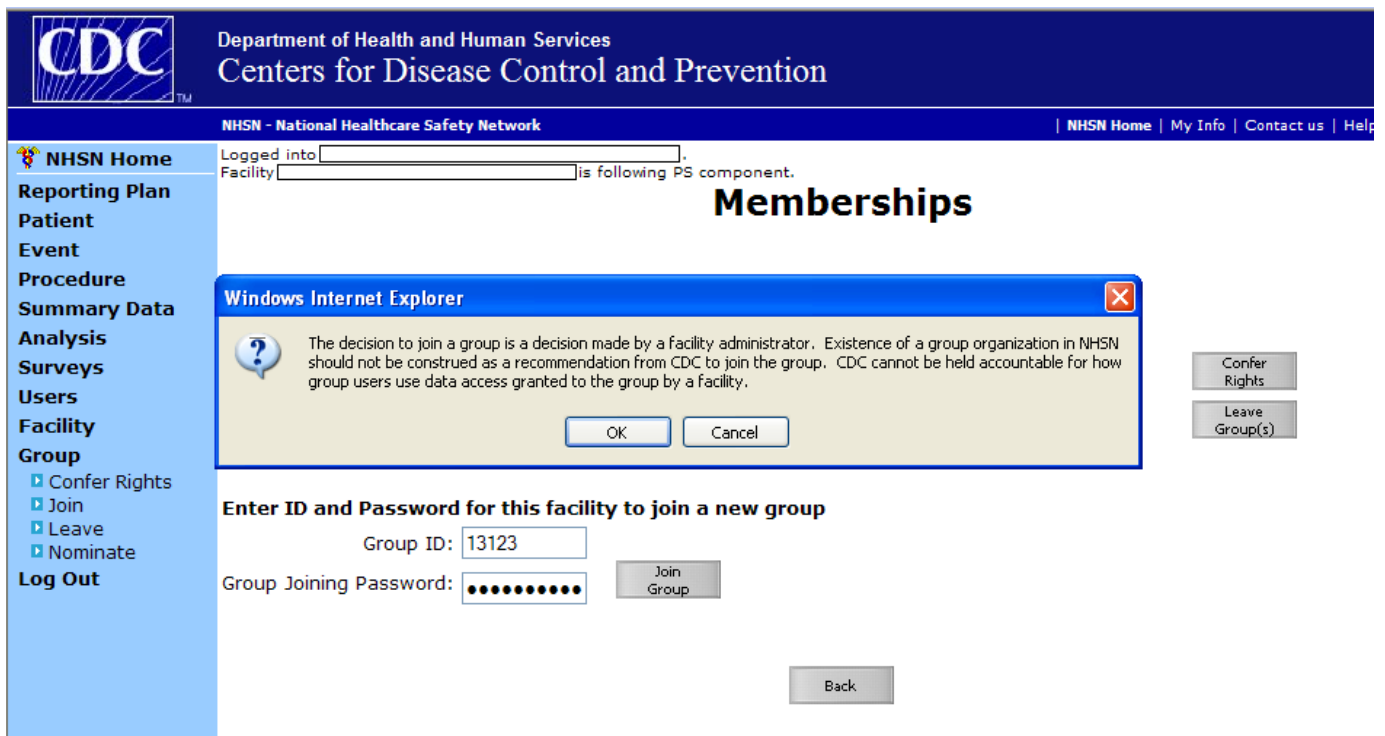
3. The **Memberships** screen will appear. Enter the **“Group ID”** and **“Group Joining Password”** in their respective places:



The Group ID is **13123**

The Group Joining Password is **f5603%QIcr9**

4. Click "Join Group". A pop-up window will appear:



5. Click “OK” to close the pop-up window. You will be brought to the **Confer Rights** screen, with a message at the top indicating that you have successfully joined the NJ State HAI Group.

At this stage, your facility has joined the NJ State HAI Group, but has not provided access to any data (i.e., “conferred rights”). Please refer to “Instructions for NHSN Facility Administrators on Conferring Rights to the NJ State HAI Group” for details.

If you have questions or problems joining the NJ State HAI Group, please contact Nancy Lin via email at nancy.lin@doh.state.nj.us or by phone at 609-341-5544.

NJ State HAI Reporting: Instructions for NHSN Facility Administrators on Conferring Rights to the NJ State HAI Group

Please note that your hospital must first be a member of the NJ State HAI Group in order to Confer Rights. Please refer to **“Instructions for NHSN Facility Administrators on How to Join the NJ State HAI Group”** for details.

1. Log in to NHSN.
2. The **Welcome to the NHSN Home Page** screen will appear. On the left navigation bar, click on **“Group”** and select **“Confer Rights”**.

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Logged into [] following PS component.

Welcome to the NHSN Home Page.

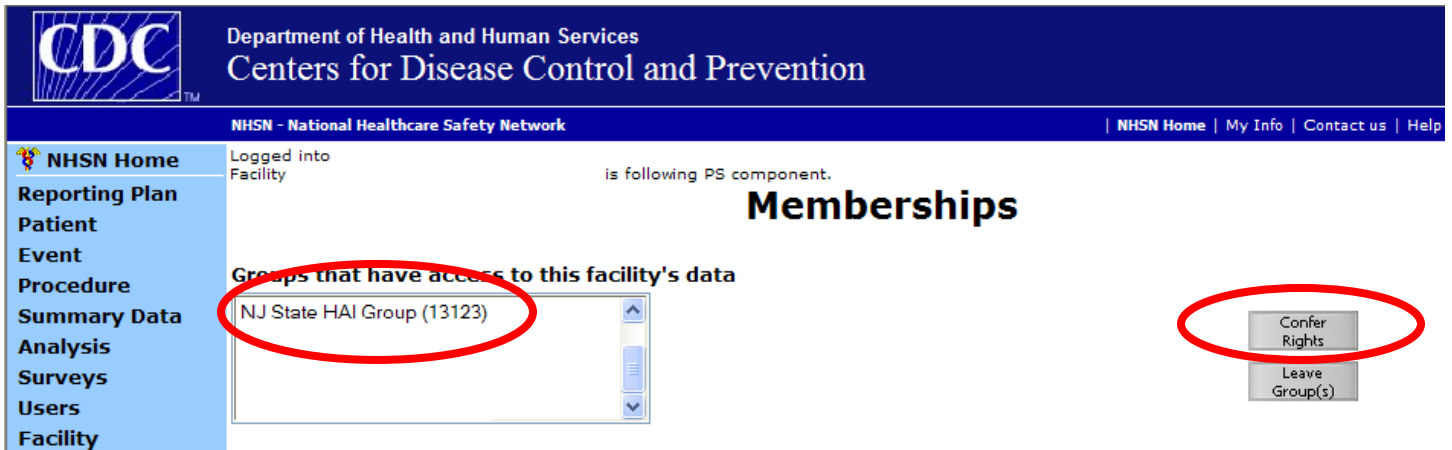
Use the Navigation bar on the left to access the features of the application.

NHSN maintenance may occur nightly between 12am and 6am Eastern time.

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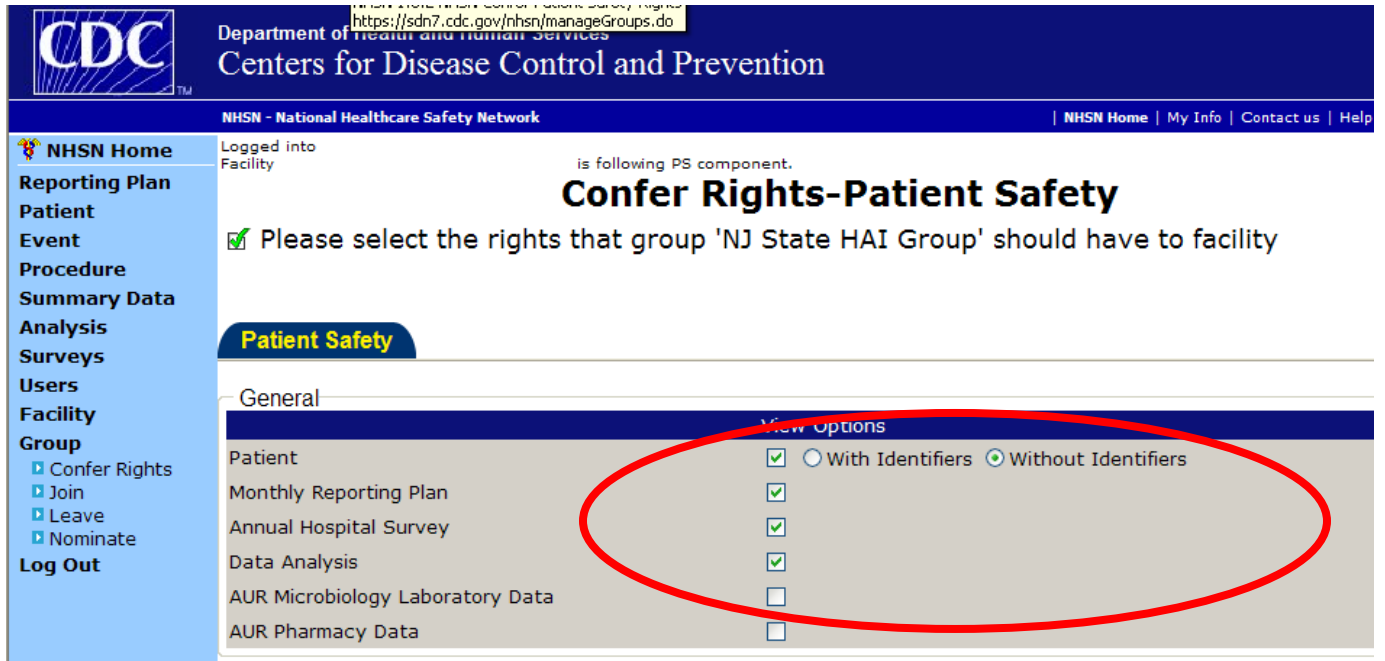
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 (d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

3. The **Memberships** screen will appear. Select “NJ State HAI Group” then click **Confer Rights**.



4. The **Confer Rights-Patient Safety** screen should appear.

Step A. Under the **General** section, check the boxes for **Patient, Without Identifiers, Monthly Reporting Plan, Annual Hospital Survey, and Data Analysis**.



Step B.

Under the **Infections and other Events** section, click on **Add Row** to create one row for each measure required for NJ HAI Public Reporting. The screenshot below shows the information needed to confer rights to event data required for NJ HAI public reporting.

If your hospital does not perform CABG procedures, the rows for CBGB and CBGC should not be added.

The screenshot displays a web-based form titled "Infections and other Events". It contains five rows, each representing a different infection event configuration. Each row includes a trash icon, a "Plan" dropdown (all set to "In"), a "Month" dropdown (all set to "1"), a "Year" dropdown (all set to "2009"), a "to" label, another "Month" dropdown, another "Year" dropdown, and an "Event" dropdown. Below these fields are specific settings for each event: "Location type" and "Location" for BSI events, and "Procedure" and "Setting" for SSI events. At the bottom of the form are four buttons: "Add Row", "Clear All Rows", "Copy Locations to Summary Data", and "Copy Procs to Denominator data".

Plan	Month	Year	to	Month	Year	Event
In	1	2009				BSI - Bloodstream Infection (CLA)
						Location type: CC
						Location: ALL
In	1	2009				BSI - Bloodstream Infection (CLA)
						Location type: CC_N
						Location: ALL
In	1	2009				SSI - Surgical Site Infection
						Procedure: CBGB - Coronary bypass w/ chest & donor incisions
						Setting: In
In	1	2009				SSI - Surgical Site Infection
						Procedure: CBGC - Coronary bypass graft with chest incision
						Setting: In
In	1	2009				SSI - Surgical Site Infection
						Procedure: HYST - Abdominal hysterectomy
						Setting: In

For details on acronyms and definitions for this form, please refer to the Confer Rights to Group How-to Guide on the NHSN training website (<http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/Confer%20Rights%20to%20Group%20How-To%20Guide.pdf>).

Step C. Click on **Copy Locations to Summary Data**, then click on **Copy Procs to Denominator data**.

Infections and other Events

Plan	Month	Year	to	Month	Year	Event
In	1	2009				BSI - Bloodstream Infection (CLA)
Location type:		Location:				
CC		ALL				
In	1	2009				BSI - Bloodstream Infection (CLA)
Location type:		Location:				
CC_N		ALL				
In	1	2009				SSI - Surgical Site Infection
Procedure:		Setting:				
CBGB - Coronary bypass w/ chest & donor incisions		In				
In	1	2009				SSI - Surgical Site Infection
Procedure:		Setting:				
CBGC - Coronary bypass graft with chest incision		In				
In	1	2009				SSI - Surgical Site Infection
Procedure:		Setting:				
HYST - Abdominal hysterectomy		In				

A pop-up window will appear. Click "OK" to close the pop-up.

Step D. The **Summary Data for Events and Denominator Data for Events** sections should be automatically filled in for you (as shown below).

Click on **Save**.

Summary Data for Events

Plan	Month	Year	to	Month	Year	Location Type	Location
In	1	2009				CC	ALL
In	1	2009				CC_N	ALL

Denominator Data for Events

Plan	Month	Year	to	Month	Year	Procedure	Setting
In	1	2009				CBGB - Coronary bypass w/ chest & donor incisions	In
In	1	2009				CBGC - Coronary bypass graft with chest incision	In
In	1	2009				HYST - Abdominal hysterectomy	In

At this stage, your facility has conferred rights to NJ DHSS to access data required for 2009 NJ HAI Reporting.

If you have questions or problems Conferring Rights to the NJ State HAI Group, please contact Nancy Lin via email at nancy.lin@doh.state.nj.us or by phone at 609-341-5544.

NJ HAI Reporting: Instructions for NHSN Facility Administrators on Creating a Custom Field to Report on Type of Postdischarge SSI

1. Log in to NHSN.
2. The **Welcome to the NHSN Home Page** screen will appear. On the left navigation bar, click on **“Facility”** and select **“Customize Forms”**.



The screenshot shows the NHSN Home Page interface. At the top, there is a blue header with the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" and links for "NHSN Home", "My Info", "Contact us", and "Help".

The left navigation bar is blue and contains the following items: "NHSN Home", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", "Analysis", "Surveys", "Users", "Facility", "Customize Forms", "Export Data", "Facility Info", "Add/Edit Component", "Locations", "Surgeons", "Group", and "Log Out". The "Facility" item is circled in red, and "Customize Forms" is highlighted in blue.

The main content area is white and contains the following text:

Logged into Facility as . is following PS component.

Welcome to the NHSN Home Page.

Use the Navigation bar on the left to access the features of the application.

NHSN maintenance may occur nightly between 12am and 6am Eastern time.

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Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

3. The **Custom Options** screen will appear. Scroll down the page until you see the “**Custom Field Labels**” section.

Step A. For the **Form Type** field, select “**CDC-Defined – PS – Event**”

For the **Form** field, select “**SSI – Surgical Site Infection**”

For the **Status** field, select “**Active**”

Step B. Under the **Alphanumeric** section for **Label 10**, enter “**POSTDIS_TYPE**”

Step C. Click **Add**

The screenshot shows the 'Custom Field Labels' interface. At the top, there are three numbered instructions. Below them, the 'Form Type' is set to 'CDC-Defined - PS - Event', 'Form' is 'SSI - Surgical Site Infection', and 'Status' is 'Active'. The 'Description' field contains 'SSI - SURGICAL SITE INFECTION'. Under the 'Alphanumeric' section, 'Label 10' is set to 'POSTDIS_TYPE'. At the bottom, the 'Add' button is circled in red. Red arrows and text labels 'Step A', 'Step B', and 'Step C' point to these specific elements.

Custom Field Labels

- To label custom fields for any existing form, select the Form Type and Form from the drop down lists.
- If one of the Summary Data forms is selected, it may be customized by location by selecting a value from the Your Location Code drop down list.
- Enter labels for any custom fields you wish to have displayed on the screen.

Form Type*: CDC-Defined - PS - Event
Form *: SSI - Surgical Site Infection
Description: SSI - SURGICAL SITE INFECTION
Status *: Active

Date
Label 1: Label 2:

Numeric
Label 1: Label 2:

Alphanumeric
Label 1: Label 2:
Label 3: Label 4:
Label 5: Label 6:
Label 7: Label 8:
Label 9: Label 10: POSTDIS_TYPE

Find Add Clear

Step A

Step B

Step C

4. Each time you enter NHSN to add an SSI event in the future, the customized event report form will include the custom field. ***The **POSTDIS_TYPE** field must be filled in for every SSI event entered for NJ HAI reporting.***

For each SSI event, please enter one of the following in the POSTDIS_TYPE field:

- | | |
|----------------|--|
| READMIT | if SSI was identified postdischarge by readmission to another hospital. |
| OTHER | if SSI was identified postdischarge through another method and NOT by readmission to a second hospital |
| NA | if SSI was identified during the initial hospital stay |

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Logged into Facility is following PS component.

Add Event

Mandatory fields marked with *
Fields required for record completion marked with ***
Fields required when in Plan marked with >

Patient Information

Facility ID*: Event #:

Patient ID*:

Social Security #: Secondary ID:

Last Name: First Name:

Middle Name:

Gender*: Date of Birth*:

Ethnicity:

Race: White Black or African American
 Asian American Indian/Alaskan Native

Event Information

Event Type*: Date of Event*:

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: *Event is not Linked*

Location:

Date Admitted to Facility>:

Risk Factors

Event Details

Specific Event*:

Detected>:

Secondary Bloodstream Infection>:

Died**>:

Discharge Date:

Pathogens Identified>: If Yes, specify below ->

Pathogens

Custom Fields

POSTDIS_TYPE: