



NHSN: Mapping Locations

New England QIN-QIO

Margaret A. Crowley, RN, PhD

21 February 2017

Objectives

- Changes to mapping: Chronic Care Units
- When to revisit mapping of a location
- Why is this important?

Chronic Care Units

- **NHSN Locations Definition Clarification- Chronic Care Units**
- One of the few updates to the CDC Locations chapter in the most recent release of the NHSN protocol included a change in the definition for chronic care units (page 15-27). In the past we've advised facilities to only map units as a chronic care unit if they share the same CCN as the acute care hospital it resides in. This piece of the definition has been removed in the updated locations guidelines found in the NHSN Protocol. We now advise users, regardless of CCN, chronic care units should be mapped to the same location code if the units are physically located within the walls of the hospital. Please consult the locations chapter in the updated NHSN Protocol to see the documented change:
- http://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf


Chronic Care Units

- Examples
 - Inpatient Hospice
 - Ventilator Dependent Unit
 - Chronic Rehabilitation Unit

Instructions for Mapping Locations

The screenshot shows a web browser window with the address bar displaying <https://www.cdc.gov/nhsn/pdfs/pscmanual/pscm>. The page content includes the CDC logo, the title "Instructions for Mapping Patient Care Locations in NHSN", and a paragraph explaining the purpose of the document. Below the text is a flowchart titled "Step 1: Define the acuity level for the location".

January 2017 15-1

 *Instructions for Mapping Patient Care Locations in NHSN*

Instructions for Mapping Patient Care Locations in NHSN

NHSN requires that facilities map each patient care area in their facility to one or more locations as defined by NHSN in order to report surveillance data collected from these areas. This document functions as a decision-making tool when determining the appropriate CDC location for NHSN surveillance, as defined in the NHSN Manual. This process should be followed when adding any new unit to NHSN for surveillance and should be repeated for any unit when there has been a significant change in patient mix (e.g., merging of units, taking on a new service).

Step 1: Define the acuity level for the location

Is this patient care area comprised of at least 80% of patients that are of the same acuity level?¹

YES

NO

Proceed to Step 2 and map to a location type of that acuity level using the NHSN 80% Rule for that specific type.²

Can this patient care area be split into 2 or more locations in NHSN for the purposes of surveillance³

8.50 x 11.00 in

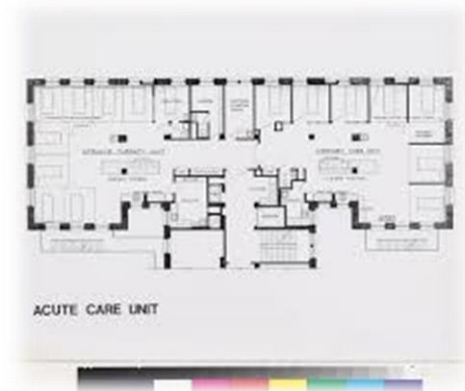
8:06 PM 2/21/2017

Help with....

- Managing existing locations
- Create new locations
- Managing physically moved locations
- Inaccurate CDC location description

And

- Master list of CDC locations and descriptions



Why is this important?

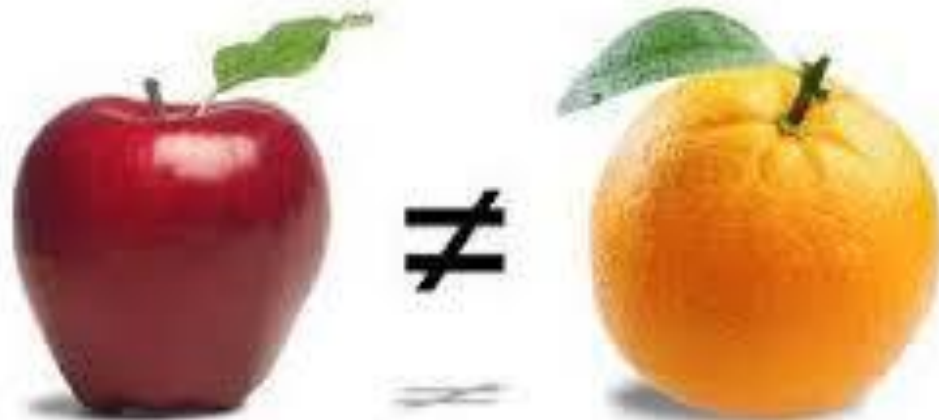
- **NHSN location types are developed in order to identify “like populations” within different facilities.**
- **Like populations are believed to have similar risks for healthcare-associated infections (HAIs)**
 - Similar medical devices
 - Similar invasive procedures
 - Similar host factors affecting susceptibility
- **Many NHSN surveillance modules utilize location type as a risk factor, e.g. CLABSI, CAUTI, VAP, MDRO/CDI, etc.**

Source: NHSN, 9/25/2012

Importance of Correct Location Mapping...

- ❑ **NHSN pooled mean rates of infection are calculated for location types and utilized in data analysis, such as the Standardized Infection Ratio.**
- ❑ **Incorrectly mapped locations affect the validity of:**
 - NHSN database data
 - Facility-based standardized infection ratios
- ❑ **State validations**

Bottom line: Without correctly mapped locations, facilities cannot compare their data to the NHSN data and NHSN data validity is compromised for identifying trends in HAIs



Margaret.Crowley@area-N.hcqis.org