Council of State and Territorial Epidemiologists

Position Statement Template: Standardized Surveillance for Healthcare-Associated Diseases or Conditions through the National Healthcare Safety Network

Please note: Only active members defined as persons engaged in the practice of epidemiology at the state, local, territorial or tribal public health level, may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

Deadline for submission to 2017 business meeting:
Ordinary Process- **March 9, 2017**
Expedited Handling- **May 18, 2017**
Presidential Review- **Contact Joseph McLaughlin, CSTE President**

For Ordinary Process and Expedited Handling, submit your electronic typewritten position statement to:

CSTE
2872 Woodcock Boulevard, Suite 250
Atlanta, GA 30341
Email: positionstatements@cste.org

Authors of position statements utilizing this template to propose adding or modifying recommendations for national surveillance of healthcare-associated conditions should consult with CSTE Infectious Diseases Committee (or HAI Subcommittee) leadership for guidance.

Authors seeking to update an existing NHSN standardized surveillance case definition should consult with NHSN representatives for assistance in assuring that changes can be implemented into the existing NHSN system, and methods to enhance feasibility. Describe the proposed updates in Sections I (Statement of the Problem) and II (Background and Justification). This template must be completed in its entirety for both updated and new case definitions. Final position statements [including updates] should be able to "stand alone" and contain all current information required to implement surveillance for the disease or condition.

Additional information:

- Please note word counts in sections where required.
- Position statement overview and submitting author responsibilities
- Position statement timeline
- CSTE position statement 07-EC-02 "CSTE official list of Nationally Notifiable Conditions":
- CSTE position statement 10-SI-02 "Modification of Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Conditions List"

At least one active member author of a position statement must be present at all Annual Conference voting sessions (in which the position statement is being voted on) including the Thursday Business Meeting.

For further information, contact the CSTE National Office at (770) 458-3811. Consideration of position statements received after the deadline is discretionary, cannot be assured, and must involve a time-sensitive or emerging public health issue. Non-typed or incomplete proposals will be returned.

All "permanent" content that should be retained within the position statement is in BLACK font. Please do not delete or modify any black font text. Instructions to the author are in BLUE font. All blue font text must be deleted prior to final submission of the position statement in addition to the instructions on the first page. This will assure that position statements are uniform in format and content.

Position Statements submitted for Presidential Review must be sent directly to Joseph McLaughlin, CSTE President.

Submission Date:

Committee: Infectious Disease
Subcommittees: CSTE HAI Subcommittee, CSTE HAI Standards Committee

Title:

I. Statement of the Problem

Please limit text in this section to no more than 300 words. Supplemental information may be included in appendices if needed.

Word Count: ___/300

II. Background and Justification

Please limit text in this section to no more than 500 words. Supplemental information may be included in appendices if needed.

Word Count: ___/500

III. Statement of the desired action(s) to be taken

Authors select the desired action(s) to be taken from numbers 1-7 below. If adding supplementary desired action(s) to be taken, each action should be explicitly measurable and as specific and objective as possible to help the CSTE National Office track position statement implementation. Please provide a separate bullet for each supplementary desired action.

☐ 1. CSTE recommends use of National Healthcare Safety Network (NHSN) surveillance definitions, case identification and classification, and denominator collection methods for [healthcare-associated condition] and recommends that any State or Territory conducting surveillance for this condition use these standard methods. This entails sharing of case information with CDC through NHSN, using established procedures for such reporting**. [Note: if NHSN includes more than one surveillance option for this condition, recommended standardized surveillance methods should be detailed below.]**

☐ 2. CSTE recommends that CDC modify existing NHSN surveillance definitions, case identification and/or denominator collection methods for [healthcare-associated condition] as detailed in this document, sections V and VI.

☐ 3. CSTE recommends that CDC publish data on [healthcare-associated condition] as appropriate in *MMWR* and / or other venues such as the *National and State Healthcare-associated Infections Standardized Infection Ratio Report.* Local and state health departments also are encouraged to publish their jurisdiction-specific data.

☐ 4. CSTE recommends that all States and Territories consider enacting laws (statute or rule/regulation as appropriate) to make this disease or condition reportable through NHSN in their jurisdiction or adding this disease or condition to their jurisdiction's reporting list, under circumstances defined in Section VI. (Jurisdictions may also elect to go beyond these circumstances). Doing so will assure the jurisdiction access to reported data, with full functionality of NHSN tools and analysis through the NHSN group function. **[Note: This is not a recommendation to add the condition to the Nationally Notifiable Conditions List, but to enable standardized reporting, and standardized regional reporting, with access to data by regional public health authorities].**

☐ 5. CSTE recognizes [healthcare-associated condition] as important to public health, and anticipates a need to periodically review and revise surveillance and prevention plans as resources and priorities permit. The current vision and proposed strategies to reduce disease burden are discussed in Section VIII.

☐ 6. CSTE recommends that reported [healthcare-associated condition] be validated to ensure the completeness and consistency of data across facilities and jurisdictions, and that validation methods be described in national or local reports of the data.
7. CDC and CMS should coordinate to assure that adequate resources are available to train facilities to use NHSN and validate data.

If necessary, describe the desired action(s) to be taken in greater detail or add supplementary desired action(s) to be taken. This could include available NHSN surveillance options for [healthcare-associated condition], recommended options for standardized surveillance, e.g., surveillance for all MRSA infections vs. surveillance for MRSA LabID Event only (proxy measure for MRSA bloodstream infections). Please be as specific, measurable, and objective as possible.

IV. Goals of Surveillance

Please limit text in this section to no more than 100 words.

Word Count: ___/100

V. Methods for Surveillance:

NHSN methods and definitions for [healthcare-associated condition] are located at: [insert website].

Please choose one:

No modifications are recommended.

OR

Surveillance for [healthcare-associated condition] should use the following modifications to NHSN definitions and methods *(to be completed only if option III.2 was selected above). See Table V. Recommended modifications to NHSN definitions and/or methods*

CSTE Position Statements for healthcare-associated conditions can either refer to NHSN definitions and methods (option III.1, above) or propose modifications to NHSN definitions and methods (option III.2, above) in this section. In principle, changes should be formulated and developed in consultation with CDC to assure compatibility with existing NHSN infrastructure, to minimize confusion to reporters who are familiar with existing NHSN methods and definitions, and to allow time for training and minimize challenges when interpreting longitudinal data. For HAIs, surveillance cannot focus exclusively on case-ascertainment, but must also include denominator assessment and risk adjustment.

NHSN methods address many of the following elements, some of which are essential to reporting. Please select element(s) and explain recommended modifications in terms of current NHSN definitions and methods in Table V.

a. Standard expression of event rates (numerator and denominator)
b. Clinical, laboratory, and / or epidemiologic criteria for case (numerator) identification (see section VI)
c. Case-ascertainment methods (see section VI)
d. Case definitions for case classification (see section VI)
e. Denominator definitions (see section VI)
f. Methods for denominator collection (see section VI)
g. Expression of definitions and criteria to enable electronic implementation (see Table VI.B)
h. Disease-specific data elements (including variables used for risk adjustment) (see VI.C)
i. Risk-adjustment methods and expression of risk-adjusted metrics (see VI.C)
j. Reporting forms (Attachment VI.D)

Table V. Proposed modifications to NHSN definitions and/or methods

	No proposed change	Proposed change	Referent NHSN definition and /or method (complete only if change proposed)
Standard expression of event rates (numerator and denominator)			

Clinical and laboratory, and/or epidemiologic criteria for case (numerator) identification			
Case-ascertainment methods (includes reporting timeframes)			
Case definitions for case classification			
Denominator definitions			
Methods for denominator collection (includes reporting timeframes)			
Expression of definitions and criteria to enable electronic implementation			
Disease-specific data elements (including variables used for risk adjustment)			
Risk-adjustment methods and expression of risk-adjusted metrics			
Reporting forms			
			2016 Template

VI. Case-and denominator definitions, or risk-adjustment for [healthcare-associated condition]
NHSN methods and definitions for [healthcare-associated condition] are located at: [insert website].

Please choose one:
No modifications are recommended.
OR
Recommended modifications to NHSN case and/or denominator definitions (*to be completed only if option III.2 was selected above)*
If proposed modifications to NHSN methods in section V include case identification by reports of cases and / or denominator events from traditional partners (e.g., clinicians, labs, hospitals) to NHSN, then use section VI to describe the reporting criteria which trigger the case and /or denominator reports. If case or denominator event-finding is based on secondary analysis of administrative or clinical data (such as vital records, hospital discharge data, medical records, or EMS databases), describe the method used to identify cases and denominator events separately for each data source. This section should provide suggested criteria to be applied by medical care providers (i.e., based on clinical judgment and clinical diagnosis) and laboratory staff, first in narrative (A), and then in tabular (B) form.

A. Narrative: A description of suggested modifications to NHSN criteria to be used for case- or denominator event collection for a specific healthcare-associated condition *(to be completed only if option III.2 was selected above).*
In this subsection, where case- and denominator event finding is based on reporting by partners, use narrative text to describe the criteria for reporting so as to be clearly understood by staff who bear responsibility for sending case- and denominator reports. As appropriate, describe in three separate labeled parts, and explain how recommended definitions and methods differ from existing NHSN definitions and methods:

- Clinical presentation criteria
- Laboratory criteria for diagnosis
- Criteria for epidemiologic linkage

Where case- or denominator-event finding is based on secondary analysis of administrative or clinical data, use narrative text to allow the criteria for case- or denominator finding to be clearly understood by data analysts. Examples are: “A person whose healthcare record contains a diagnosis of [[condition]]” or “A person whose death certificate lists [[condition]] as a cause of death or a significant condition contributing to death.”

B. Table of suggested modifications to NHSN criteria to determine whether a case or denominator event should be reported to public health authorities *(to be completed only if option III.2 was selected above).*

In this subsection, use tables to express the suggested criteria discussed in VI.A, in a way that is appropriate to guide development of computerized algorithms for electronic case- or denominator event reporting processes. Recommended format for Table VI-B is provided below.

Where case-finding is based on secondary analysis of administrative or clinical data, use a separate column for each specified data source.

Table VI-B. Table of suggested modifications to NHSN criteria to guide development of computerized algorithms for electronic case- or denominator reporting processes *(to be completed only if option III.2 was selected above).*

Criterion	Reporting Disease, Denominator, or Condition Subtype	Reporting Disease, Denominator, or Condition Subtype	Reporting Disease, Denominator, or Condition Subtype
Clinical Evidence			
Laboratory Evidence			
Epidemiological Evidence			
2016 Template			

Notes:

Each alternative disease, denominator, or condition subtype is listed in a separate column. Each criterion (symptom, sign, lab result, immunization status, occupation, travel history, etc.) is listed in a separate row. Meeting the criteria listed under any single column of this table is sufficient to identify a case for reporting. [Change the generic "Disease, denominator, or condition subtype" language to the appropriate term, which can be a clinical distinction or other event. *Delete unnecessary columns. Use letter codes provided. Where the action of ordering a laboratory test meets a criterion for reporting, indicate by use of asterisk.]*

S = This criterion alone is Sufficient to report a case.

N = All "N" criteria in the same column are Necessary to report a case.

O = At least one of these "O" (One or more) criteria in each category (e.g., clinical evidence and laboratory evidence) in the same column—in conjunction with all "N" criteria in the same column—is required to report a case. (These optional criteria are alternatives, which means that a single column will have either no O criteria or multiple O criteria; no column should have only one O.)

* A requisition or order for any of the "S" laboratory tests is sufficient to meet the reporting criteria.

C. Suggested modifications to NHSN risk adjustment methods and criteria, and for disease- and denominator-specific data elements *(to be completed only if option III.2 was selected above).*

In this subsection, discuss recommended changes to risk-adjustment methods and disease- and denominator-specific data elements, including variables intended for risk-adjustment. NHSN provides condition-specific forms for case and denominator reporting including disease-specific data elements, to be included in all reports to NHSN of individual cases and /or denominator events. Attach appropriate current NHSN reporting form(s) with suggested modifications, or develop forms derived from existing NHSN forms to accommodate new disease specific data elements in appendix VI.D.

Attach appendix VI.D: Proposed modified NHSN reporting forms.

VII. Proposed Circumstances for Standardized Surveillance and Reporting of [healthcare-associated condition]

A. Narrative and justification: Description of recommended circumstances where standardized surveillance of case- and denominator events should be conducted using NHSN, including justification (e.g.: meaningful gaps in existing surveillance and populations currently at risk because of these gaps).

Discuss extent of current surveillance, evidence for disease burden, preventability, and unaddressed preventable disease that has not been addressed (missed opportunities for prevention). Discuss pros and cons of recommending standardized public health surveillance of [condition], and why, on balance, surveillance should be recommended in specified circumstances

B. Tables of circumstances where standardized surveillance through NHSN of [healthcare-associated condition] should be conducted and reported to public health in all jurisdictions.

Table VII-B.
Circumstances where standardized surveillance through NHSN of [healthcare-associated condition] should be conducted and reported to public health in all jurisdictions

Use for device-associated modules

Type of facility	Type of location	Time frame	Exceptions
			2016 Template

Use for procedure-associated modules:

Type of facility	Procedure(s)	Minimum number	Time frame	Exceptions
				2016 Template

Use for MDRO module

Organism/ specimen	Type of facility	Type of location	Time frame	Exceptions
				2016 Template

VIII. Narrative: Public Health Surveillance Vision, Proposed Priorities, and Strategy for Future Expansion or Decrease in Surveillance for [Healthcare-associated condition]

Discuss anticipated results of recommended surveillance in section VII, and any anticipated gaps resulting from limiting proposed surveillance implementation plans. Discuss anticipated needs or next steps for implementation, including data to guide planning where it exists. Indicate whether surveillance is expected to be on-going or limited to a specific time period. Discuss circumstances where surveillance may be reduced. A timeline may be useful to illustrate this vision.

IX. Data sharing/release and print criteria

NHSN maintains confidentiality of individuals and reporting facilities. Facilities reporting to NHSN are required to sign data-use agreements that allow CDC to share aggregate de-identified data with CMS. CDC has developed templates for annual national and state-specific Standardized Infection Ratio reports, subject to censure if data are inadequate. These reports are shared with states prior to publication. As appropriate, describe:

Additional recommendations for data sharing/release and print criteria may be added here.

X. Revision History

If you are updating a previously passed position statement (e.g., if you are updating a case definition passed prior to 2016), please provide a short summary in the table below of the substantive changes between the most recently passed position statement and your proposed position statement. Do not list changes to the 'Statement of the Problem' or 'Background and Justification' sections. Revisions listed here should highlight the major changes to the case definition itself. For further information on what to include in this section, contact the CSTE National Office.
E.g., If adding a condition to the Nationally Notifiable Condition List, specify that here.
If a certain lab test is now routinely used to identify cases, specify that here.
Any updates to Table V, Table VI-B and/or Table VII-B should be specified here.

List the position statement ID of the statement you are updating in 'Position Statement ID' column. Specify the section of the statement (e.g., Statement of the Desired action(s) to be taken, Table VI-B, etc.) you are updating in 'Section of Document' column. Briefly describe the revision and why you are revising that section of the document in 'Revision Description' column. Example table is shown below.

Position Statement ID	Section of Document	Revision Description
11-ID-01	Statement of the desired action(s) to be taken	ADDED XYZ condition to the NNC list
11-ID-01	Table VI-B	EDITED lab evidence to include XYZ test
11-ID-01	Table VI-B	DELETED ABC lab test (not in use)

XI. References

Where appropriate, include references to prior CSTE position statements.

XII. Coordination

Agencies for Response (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

(1)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(3)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Agencies for Response, please provide a separate attachment with complete contact information.*

Agencies for Information: **(Complete contact information must be provided for acceptance to review.)**

(1)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(3)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Agencies for Information, please provide a separate attachment with complete contact information.*

XIII. Submitting Author: (Must be an Active CSTE Member and complete contact information provided for acceptance to review.)

(1)

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

Co-Author: **(Complete contact information must be provided for acceptance to review.)**

(1)

Active Member Associate Member

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2)

Active Member Associate Member

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Authors, please provide a separate attachment with complete contact information*