

Non-Substantive Change Request to OMB Control Number 0920-0666; The National Healthcare Safety Network (NHSN)

Program Contact

Lee Samuel
National Center for Emerging and Zoonotic Infectious Diseases
Office of Policy
1600 Clifton Rd, C-12
Atlanta GA 30333

Submission Date: July 3, 2018

Circumstances of Change Request for OMB 0920-0666

CDC requests approval to replace five recently approved forms that contain content referencing “*Clostridium difficile*” to be updated and reflect “*Clostridioides difficile*.”

The five forms that are being updated have been previously approved under OMB Control No. 0920-0666; The National Healthcare Safety Network (NHSN).

Form Name:

1. 57.103 Patient Safety Component-Annual Hospital Survey
2. 57.126 MDRO or CDI Infection Form
3. 57.150 Patient Safety Component- Annual Facility Survey for LTAC
4. 57.151 Patient Safety Component-Annual Facility Survey for IRF
5. 57.500 Outpatient Dialysis Center Practices Survey

This is a request to update content in NHSN’s data collection forms that reference “*Clostridium difficile*,” which is scheduled for reclassification to “*Clostridioides difficile*” in August, 2018.

The previously approved versions of forms CDC 57.103, 57.126, 57.150, 57.151, and 57.500 are being updated to reflect the proper clinical terminology for “*Clostridioides difficile*.”

Estimates of annualized burden hours for this information collection will not be changed by this request.

Form Name	No. of Respondents	No. of responses per respondent	Avg. burden per response (hours)	Total burden (hours)
Patient Safety Component-Annual Hospital Survey	5,000	1	1	198,300
MDRO or CDI Infection Form	6,000	72	30/60	216,000
Patient Safety Component- Annual Facility Survey for LTAC	400	12	1	400
Patient Safety Component-Annual Facility Survey for IRF	1,000	12	1	1,000
Outpatient Dialysis Center Practices Survey	7,000	12	2	14,350

Description of Changes

Non-Substantive Change Request to OMB Control Number 0920-0666; The National Healthcare Safety Network (NHSN)

Based on phenotypic, chemotaxonomic, and phylogenetic analyses, novel genus *Clostridioides* gen. nov. is proposed for *Clostridium difficile* as *Clostridioides difficile* gen. nov. comb. nov. and that *Clostridium mangenotii* be transferred to this genus as *Clostridioides mangenotii* comb. nov. The type species of *Clostridioides* is *Clostridioides difficile*.

Due to this reclassification, NHSN has updated all data collection forms containing the previously referenced “*Clostridium difficile*” to its new designation “*Clostridioides difficile*.” We are requesting the replacement of the approved forms with the updated versions.

Current forms (highlighted areas be change):

57.103



Form Approved
OMB No. 0920-0666
Exp. Date: 06/30/2017
www.cdc.gov/nhsn

Patient Safety Component—Annual Hospital Survey

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36*. Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections. Yes No
 If Yes: Our stewardship team monitors adherence to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections. Yes No

37*. Our facility targets select diagnoses for active interventions to optimize antibiotic use (e.g., intervening on duration of therapy for patients with community-acquired pneumonia according to clinical response). Yes No

38*. Our stewardship team monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific)
- Clostridium difficile*
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (i.e., purchasing costs), at least quarterly
- Antibiotic use in some other way (please specify): _____
- None of the above

57.126

Other signs and symptoms* * Per specific site criteria

***Clostridium difficile* Infection**

*Admitted to ICU for CDI complications: Yes No *Surgery for CDI complications: Yes No

* Secondary Bloodstream Infection: Yes No

**Died: Yes No Event contributed to death? Yes No

Discharge Date: / / *Pathogens Identified: Yes No If yes, specify on Page 2

Assurance of Confidentiality: The voluntarily provided 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 will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(j) of the Public Health Service Act (42 USC 242b, 242c, and 242m(d)).
 Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Records Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (2020-0698).
 CDC-57-126 (Form) Rev 6 V. 8.8

57.150 & 57.151

*29. Our stewardship team monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific)
- Clostridium difficile*
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (i.e., purchasing costs), at least quarterly
- Antibiotic use in some other way (please specify): _____
- None of the above

If antibiotic use in DOT, DDD, or some other way is selected: Our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually. Yes No

Non-Substantive Change Request to OMB Control Number 0920-0666; The National Healthcare Safety Network (NHSN)

57.500



Outpatient Dialysis Center Practices Survey

Form Appr
OMB No. 0920-1
Exp. Date: xx/xx/xx
www.odc.gov/

A.2. Isolation and Screening

*10. Does your center have capacity to isolate patients with hepatitis B?
 Yes, use hepatitis B isolation room Yes, use hepatitis B isolation area No hepatitis B isolation

*11. Are patients routinely isolated or cohorted for treatment within your center for any of the following conditions? (yes, select all that apply)
 No, none Hepatitis C Active tuberculosis (TB disease)
 Vancomycin-resistant *Enterococcus* (VRE) *Clostridium difficile* (C. diff.)
 Methicillin-resistant *Staphylococcus aureus* (MRSA) Other, specify: _____

Requested changes (Highlighted):

57.103

38*. Our stewardship team monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific)
- Clostridioides difficile*
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (i.e., purchasing costs), at least quarterly
- Antibiotic use in some other way (please specify): _____
- None of the above

57.126

<input type="checkbox"/> Surgical evidence of pneumatisis intestinalis with or without intestinal perforation <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam * <input type="checkbox"/> Other signs and symptoms* <p style="text-align: center;">* Per specific site criteria</p>		<p style="text-align: right;"><u>Clinical Diagnosis</u></p> <input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*	
<i>Clostridioides difficile</i> Infection			
*Admitted to ICU for CDI complications: Yes No		*Surgery for CDI complications: Yes No	
*Secondary Bloodstream Infection: Yes No			
**Died: Yes No		Event contributed to death? Yes No	
Discharge Date: / /		*Pathogens Identified: Yes No If yes, specify on Page 2	
<small>Assurance of Confidentiality: The voluntarily provided 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 will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 309(j) of the Public Health Service Act (42 USC 242b, 242c, and 242m(d)). Public reporting burden of this collection of information averages averages 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Records Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 07-128 (Form) Rev 8 V. 08</small>			

57.150 & 57.151

*29. Our stewardship team monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific)
 - Clostridioides difficile*
 - Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
 - Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
 - Antibiotic expenditures (i.e., purchasing costs), at least quarterly
 - Antibiotic use in some other way (please specify): _____
 - None of the above
- If antibiotic use in DOT, DDD, or some other way is selected: Our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually. Yes No
- If Yes is selected: Our stewardship team uses individual-, unit-, or service-specific antibiotic use reports to target feedback to prescribers about how they can improve their antibiotic prescribing, at least annually. Yes No

57.500



Outpatient Dialysis Center Practices Survey

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

A.2. Isolation and Screening	
*10.	Does your center have capacity to isolate patients with hepatitis B? <input type="checkbox"/> Yes, use hepatitis B isolation room <input type="checkbox"/> Yes, use hepatitis B isolation area <input type="checkbox"/> No hepatitis B isolation
*11.	Are patients routinely isolated or cohorted for treatment <u>within your center</u> for any of the following conditions? (if yes, select all that apply) <input type="checkbox"/> No, none <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Active tuberculosis (TB disease) <input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE) <input type="checkbox"/> Clostridioides <i>difficile</i> (C. diff.) <input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) <input type="checkbox"/> Other, specify: _____