



Patient Safety Component

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Patient Safety Component

Attention! NHSN AUR Module Submission Required for the CY 2024 Medicare Promoting Interoperability Program

In the fall of 2022, CMS moved the NHSN AUR Module reporting to a required measure under the Public Health and Clinical Data Exchange objective of the Promoting Interoperability Program for calendar year 2024. The AUR Surveillance Reporting measure requires that eligible hospitals and critical access hospitals (CAHs) to be in active engagement with CDC to report both AU and AR data and receive a report from NHSN indicating their successful submission of AUR data for the EHR reporting period or claim an applicable exclusion.

Facilities can be in active engagement in two ways:

Option 1 – Pre-production and Validation

Eligible hospitals and CAHs must [register intent to submit AUR data within NHSN](#). According to the CMS measure specifications, the registration should be completed within 60 days after the start of [the EHR reporting period](#). The registered eligible acute care hospital or CAH will then receive an automated email from NHSN inviting it to begin the Testing and Validation step. Following the instructions in the email, hospitals must submit one test file for each file type (AU Summary, AR Event, and AR Summary) for validation by the NHSN AUR Team. **Per the CMS measure specifications, eligible hospitals and CAHs should respond to the request for test files within 30 days following the request for test files. Failure to respond twice within an EHR reporting period will result in that eligible hospital or CAH not meeting the measure.** If the eligible hospital or CAH registers their intent to submit AUR data within NHSN prior to having test files ready, the eligible hospital or CAH should reply to the request for test files with their current status. The eligible hospital or CAH should continue to email a status update at least every 60 days until the hospital has test files to send for validation to complete Option 1.

Note: Beginning in CY 2024, eligible hospitals and CAHs can only spend one calendar year in Option 1 – Pre-production and Validation.

Option 2 – Validated Data Production

Eligible hospitals and CAHs must register intent to submit AUR data within NHSN and submit production data to NHSN. CMS defines production data as data generated through clinical processes involving patient care. This is different from “test data,” which is submitted for the purpose of testing and validation. **For CY 2024 the EHR reporting period is a minimum of 180 days, thus eligible hospitals and CAHs must submit 180 continuous days of AUR data.** Those 180 days must be the same for all CMS Promoting Interoperability Program measures for your hospital. Keep in mind, too, that you must report the same 180 days of AU and AR data as they are considered a single measure for the CMS PI Program.

For more information and additional resources including FAQs, please see the materials in the Antimicrobial Use and Resistance section of the [CMS Reporting Requirements for Acute Care Hospitals](#) page.

New Hospital Respiratory Data Reporting

Beginning November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) will require hospitals to electronically report information via NHSN about COVID-19, influenza, and RSV as part of the CMS Conditions of Participation (see <https://www.cms.gov/newsroom/fact-sheets/fy-2025-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospital-prospective-0>, pgs. 898-905.)

The reporting of the new Hospital Respiratory Data will take place in the Patient Safety Component of NHSN. The webpage for reporting of Hospital Respiratory Data to NHSN is at <https://www.cdc.gov/nhsn/psc/hospital-respiratory-reporting.html> and contains the following resources:

- Hospital Respiratory Data Form and Tables of Instructions
 - Includes data elements to be collected for the weekly reporting option and daily reporting option
- CSV Templates
 - For CSV upload or API reporting
- August 2024 Webinar Slides
 - Includes reporting guidance and FAQs
 - Includes facility types required to report

Facilities can report via the webform or CSV upload in the NHSN application or via API, and training sessions on reporting will be provided. Additional information, resources, and training opportunities will be posted to the webpage in the coming weeks.

State and jurisdictional partners may have reporting requirements related to or independent of the federal reporting requirements. Facilities are encouraged to work with relevant state, local, tribal, and territorial partners to ensure complete reporting. Please note - these requirements do *not* apply to Long-term Care Facilities or Dialysis Facilities, or impact Healthcare Personnel (HCP) COVID-19 Vaccination reporting in NHSN.

These new reporting requirements will ensure that hospitals, health systems, and health departments have the information they need to take actions that protect patient safety and support hospital capacity in the face of respiratory virus surges. More information about how these data will improve patient safety and support public health can be found at <https://www.cdc.gov/ncird/whats-new/updated-hospital-reporting-requirements-for-respiratory-viruses.html>.

Protocol Updates

NHSN Abridged Primary Language List to Improve Patient Care

NHSN is adding language and need for interpreter data fields to its application. These data elements are essential to evaluate for associations between health communication barriers and healthcare-associated infections, specifically for persons who speak languages other than English (LOE) and who need interpretation and/or translation of medical information.

The NHSN Team has the following approach to improve the collection of these data.



- NHSN has developed an abridged language value set listing of over 500 languages based on the International Organization for Standardization (ISO) 639 (2,3) nomenclature for classifying languages. This abridged language value set has been submitted to the Health Level Seven International (HL7) for approval. Electronic medical record vendors and others are asked, at minimum, to make this abridged list available to all healthcare facilities to allow documentation of the patient's/resident's preferred language.
- The NHSN Abridged Primary Language list should not be considered exhaustive, exclusionary, or imply the importance of any groups of language speakers over others. The list provides more common languages spoken in the United States, and includes languages spoken where English fluency cannot be presumed.
- The NHSN team will have a process in place for NHSN participants to request the addition of languages to the abridged list; details for this process will be made available in the coming months. The ISO 639 (2,3) master list will be used as a reference when evaluating requests for updates and additions. It is anticipated that additions and updates will be made on a yearly basis.

With systematic, required collection of primary language(s) spoken and interpreter need, health systems and NHSN will be able to reliably track health outcomes associated with patients who speak LOE. From a practical standpoint, health systems, medical interpretation service companies, and public health agencies will be able to identify an increased need for interpreters in languages spoken in newly arriving populations and tailor responses to these new language needs.

NHSN to Require Reporting of Race, Ethnicity, Language, and Interpreter Data (REaLI)

Race and ethnicity data fields have long been included in the NHSN application as 'optional' data fields, but these data are seldom reported. The lack of these data significantly limits the understanding of how factors like race and ethnicity influence healthcare associated infections and vaccine uptake for influenza, COVID-19, and respiratory syncytial virus (RSV) vaccine by healthcare workers and long-term care facility residents. In order to advance our knowledge of the impacts and interactions of these factors, the NHSN Team is taking the following steps to improve the collection of these data using widely accepted standards for the transfer of clinical and administrative health data (such as Health Level Seven International (HL7)).

Optional Reporting in January 2025

- **Race and ethnicity** fields will be made available across components/modules. In addition, Middle Eastern or North African (MENA) will be added as an option. Race will be a multi-select field to allow for the selection of available choices that best describe the patient's race. This change will move toward aligning with the new OMB standards for Race/Ethnicity that were released in March 2024.

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- **Language** will be added as a field based on the patient/resident’s preference.
 - **Interpreter need** will be added as a YES/No data field.

Required Reporting in January 2026

- Starting in January 2026, the collection of race, ethnicity, preferred language, and need for an interpreter data responses will be required across all NHSN components and facility types.
- Value sets (selection options) for race and ethnicity will be updated. This means a larger and more standardized list of race categories and ethnic groups will be available to choose from in the NHSN application.

The NHSN Team is taking action to collect and standardize REaLI data to improve our understanding of how these factors impact infection burden and vaccine uptake. Findings from these analyses can be used to inform action for hospitals, long-term care facilities, and state and local public health systems. Stay tuned over the next several months for more information about REaLI data collection.

Diving into Gross Anatomical Examination and Purulence

The elements gross anatomical examination and purulence are elements of several of the Healthcare Associated Infection (HAI) criteria found in the Patient Safety Component (PSC). These elements are often misunderstood and misapplied. This article is intended to be a refresher to discuss these elements.

Found in the PSC [Key Terms](#), gross anatomical evidence of infection is evidence of infection elicited or visualized on physical examination or observed during an invasive procedure. This includes findings elicited on physical examination of a patient during admission or subsequent assessments of the patient and may include findings noted during a medical/invasive procedure, dependent upon the location of the infection. **Gross anatomical evidence does not include image tests.**

Examples include:

- An intra-abdominal abscess will require an invasive procedure to visualize the abscess.
- Visualization of pus or purulent drainage, including from a drain.
- Abdominal pain or tenderness post-Cesarean section or hysterectomy is sufficient gross anatomic evidence of infection without an invasive procedure to meet general Organ Space surgical site infection (SSI). The documented abdominal pain or tenderness can be used to meet Chapter 17 reproductive tract infection criteria.

NHSN frequently receives questions on how to meet the gross anatomical examination element using purulent drainage. From a surveillance perspective, how is purulent drainage defined? There is no standard definition for purulence. However, when medical records do not include terms such as “pus” or “purulence” NHSN allows purulence to be determined by descriptors. The descriptors must be a combination of color and consistency to represent purulence. At least one-color descriptor **AND** at least one-consistency descriptor **MUST** be present:

<u>Color</u>	<u>Consistency</u>
<ul style="list-style-type: none">• Yellow• Green	<ul style="list-style-type: none">• Thick• Milky• Creamy• Opaque• Viscous

Patient-reported signs and symptoms are an important aspect of SSI surveillance and are useable within the surgical site infection definitions if documented within the patient medical record. Patient reported purulence documented in the medical record by a healthcare professional is acceptable for use with the SSI criterion (even if the provider doesn’t

document purulence). A specific date/timeframe must be documented in the patient medical record to indicate the purulence occurred within the SSI surveillance period.

If there are questions or concerns, contact the NHSN Helpdesk using NHSN-ServiceNow at <https://servicedesk.cdc.gov/nhsncsp> or nhsn@cdc.gov.

SSI COLO Procedure Code Correction

A single-letter transcription error was identified for SSI COLO procedure code “ODRL4ZG”. The correct code is “ODTL4ZG”. The corrected code was included in the July 25th, 2024, release and is available for use in the NHSN application. The SSI operative procedure code documents have been updated to reflect this change and are now live on our webpage.

AUR Module Updates

CMS PI Program Frequently Asked Questions

We recently updated the AUR Reporting FAQs for the CMS Promoting Interoperability Program: [FAQs: AUR Reporting for the CMS Promoting Interoperability Program | NHSN | CDC](#). A few highlights include:

- Clarification on 60-day updates - Q5 in Requirements Details
- Exclusions - Q10 in Requirements Details
- Test file details for attesting to Option 1 - Q15 in Requirements Details
- Reporting for facilities sharing CMS Certification Numbers - Q6 in Data Submission Requirements
- CMS Quality Reporting Program deadlines and the CMS PI Program - Q5 in Deadlines
- Registering intent if planning to claim an exclusion - Q1 in Logistics
- Missing data alerts and the AUR submission status report - Q13 in Logistics
- Reporting EHR Reporting Period, attestations, and exclusions - Q14, Q15, & Q16 in Logistics

New! CMS Finalizes CY 2025 Promoting Interoperability Requirements

Last month, CMS published the final rule detailing changes to requirements for hospitals participating in the Medicare Promoting Interoperability Program. CMS posted a [fact sheet](#) containing a summary. Here are the important changes for the AUR Reporting Measure for calendar year (CY) 2025:

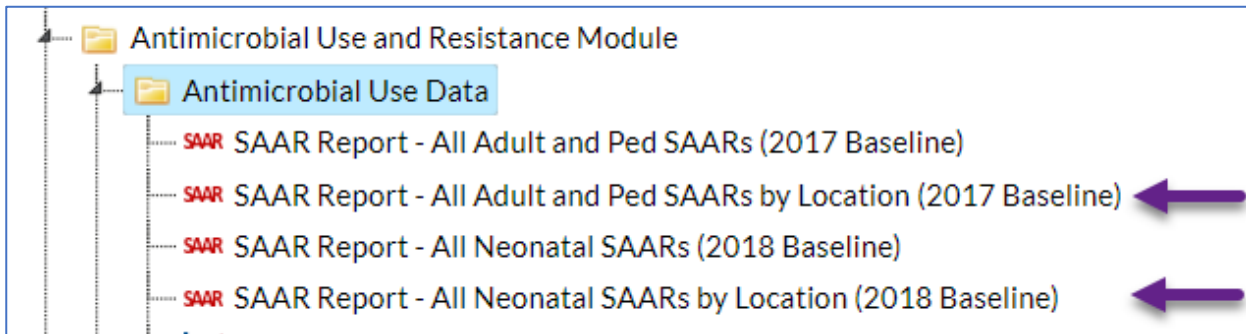
- The AUR Surveillance Measure will be split into two separate measures: AU Surveillance and AR Surveillance
 - This means hospitals must be in active engagement to report AU and AR or have an eligible exclusion for each measure. For example, an exclusion for AR will no longer qualify as a reason to not report AU data to NHSN.
- Exclusions have now been separated for each measure and a new exclusion regarding access to discrete data elements has been added:
 - AU Exclusions:
 - Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period
 - Does not have an eMAR/BCMA electronic records or an electronic ADT system during the EHR reporting period

- (New) Does not have a data source containing the minimal discrete data elements that are required for reporting.
 - AR Exclusions:
 - Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period
 - Does not have an electronic LIS or electronic ADT system during the EHR reporting period
 - (New) Does not have a data source containing the minimal discrete data elements that are required for reporting.
- CMS will consider AU Surveillance and AR Surveillance new measures for CY 2025.
 - This means hospitals can remain in Option 1 – Pre-production and validation for CY 2025 before moving to Option 2 – Validated data production in CY 2026.

We plan to update our educational materials to include the CY 2025 updates within the next few months. Please send questions to the NHSN Helpdesk via the ServiceNow portal or by emailing NHSN@cdc.gov.

2022 SAAR Percentiles Added to NHSN

The Standardized Antimicrobial Administration Ratio (SAAR) percentiles displayed in the two “by Location” reports (see below screenshot) were updated to use data from the 2022 AU Option Data Report:



The SAAR percentile value allows users to see where their individual location/unit falls in the national distribution for that location type and SAAR type. The [2022 AU Data Report](#) and associated data tables summarize national SAAR distributions and percentages of antimicrobial use for adult, pediatric, and neonatal locations. These data can be used to inform stewardship initiatives, compare your facility’s SAARs to the national distribution, and see where your prescribing practices can improve. Please see the [SAAR by Location quick reference guide](#) for more information on interpreting the SAAR percentile.

2025 AUR Module Reporting Updates

As you make your preparations for next year, here are the high level list of updates for 2025 AUR Module reporting:

AU Option

- Adding cefepime/enmetazobactam, ceftobiprole medocaril, and pivmecillinam
- Removing chloramphenicol

AR Option

- Pathogens:
 - Add *Candida* genus and all *Candida* species
 - Add *Citrobacter* genus and all *Citrobacter* species
 - Add *Klebsiella* genus and all *Klebsiella* species
 - Add *Proteus* genus and all *Proteus* species

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- Add Group A *Streptococcus*
 - Refresh the AR Option Pathogen Roll-up Workbook
 - Specimen Sources:
 - Add skin, soft tissue, musculoskeletal, wound specimens
 - Add indwelling catheter specimen back to the list
 - Antimicrobial susceptibility testing (AST):
 - *Candida* isolates without AST become eligible for AR Option reporting
 - Drug panels updated to reflect CLSI testing recommendations
 - Denominators:
 - Text clarifications for both admissions and encounters

Rapid Molecular Detection of Antimicrobial Resistance Markers Reporting coming in 2025!

The AUR Team has been working to keep AR Option reporting up to date with current laboratory practices. As such, we plan to add rapid molecular detection of antimicrobial resistance markers to AR Event reporting in Summer 2025. Hospitals will be able to report results of genotypic testing performed by the lab along with the traditional phenotypic antimicrobial susceptibility testing results in a single AR Event file.

To add this reporting, we will be updating the AR Option to use the R4-D3 HL7 Implementation Guide (IG). The R4-D3 IG will be published on the HL7 website later this year. We plan to adopt the R4-D3 IG in mid-2025. For 2025 AR Option reporting, vendors and hospitals will be able to use either the R3 (current IG) or the R4-D3 IG. Please note, the rapid molecular detection of antimicrobial resistance markers results cannot be reported if using the R3 IG.

Additional information, including the value sets, will be provided in the upcoming months.

Rebaseline Updates

The NHSN Rebaseline Team would like to express our sincere thanks to the over 3,800 attendees who participated in the Rebaseline webinars on August 20th and 21st. Your engagement is crucial as we prepare for the implementation of the 2022 HAI Rebaseline, and we hope you found the webinar informative. The webinar topics included:

- The new 2022 baseline methodology
- Why CDC implemented the 2022 baseline
- Guidance for analyzing and interpreting SIRs under multiple baselines
- Impact of the upcoming 2022 baseline on NHSN's analysis reports

For those unable to attend the August webinars, a copy of the slides is available on the NHSN Rebaseline website, in the "Education & Training" tab (<https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html>). A copy of the recorded presentation will be posted on the same website in the coming weeks.

Additional Rebaseline Resources:

- [HAI Rebaseline FAQ](#)
- [Prep Like a Pro: What to Expect from the 2022 HAI Rebaseline](#)
- [Rebaseline Fact Sheet: What is the Rebaseline and Why is it Important?](#)
- [Quick Learn: An Introduction to Updating the National Baseline](#)

NHSN Patient Safety Component - Descriptive Variables Names for Analytic Reports

In June 2024, NHSN released a new feature allowing users to set descriptive variable labels as a default across all analytic reports, eliminating the need of selecting this option for each individual report. Descriptive variable labels are user-friendly names or titles assigned to variables within a dataset that provide clear and detailed descriptions of what the variables represent. These labels are crafted to be more intuitive and informative than standard variable names, which can be abbreviated codes that may not be immediately understandable without reference to documentation. This new feature simplifies the report generation process and improves usability of analytic reports in NHSN Now, when users are creating analytic reports in the NHSN application, they will have the option to display descriptive variable names. For more information about Descriptive Variables Label for NHNS analysis reports, review the Displaying Descriptive Variables Label Quick Reference Guide <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/descriptive-variable-names-grg.pdf>. This QRG outlines the steps and screenshots for adding descriptive variable labels to analytic reports. Please submit questions regarding the new descriptive variables label to NHSN@cdc.gov, with subject line 2024 Descriptive Variables Label for Analytic Reports.

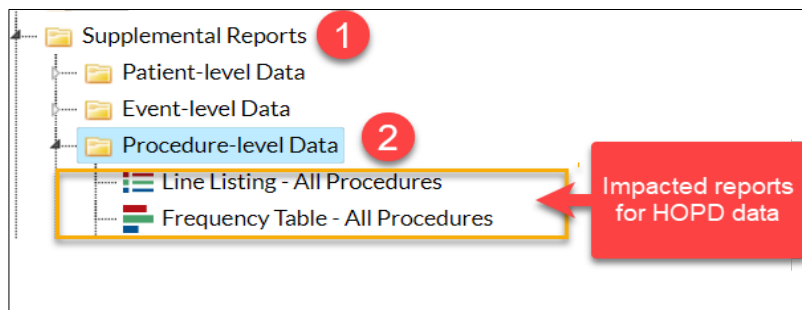
Important Update on the Hospital Outpatient Procedure Department (HOPD) Analysis Reports

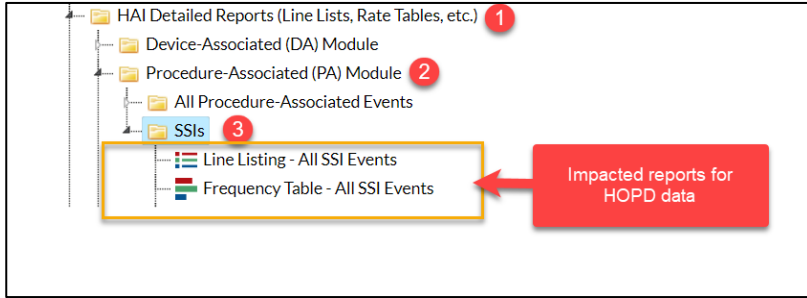
NHSN is currently working to update a technical glitch in the procedures and surgical site infections (SSI) analysis reports that is causing some hospital outpatient procedure department (HOPD) procedures and resulting SSI events to be duplicated. This temporary glitch is **only** impacting the outpatient procedure data and reports in the Patient Safety Component. Inpatient procedures/SSI events and SIR reports, such as the Complex 30-day SSI SIR report are not impacted by this temporary glitch.

Users may notice duplicate HOPD procedures and SSI events when they run Analysis Reports such as Line Listing- All Procedures and Line Listing – All SSI Events. Where there are duplicate records, the HOPD SIR reports are also impacted.

NHSN is working quickly to correct this glitch and restore the impacted reports to their normal functions. As soon as the reports are restored, an update will be provided. For any additional questions and concerns, please send your inquiries via ServiceNow or email the ACAT SSI Team at NHSN@CDC.gov.

Below are a few screenshots to describe the location of the reports impacted by temporary glitch.





Analysis Reports

Expand All Collapse All Search

- HAI Risk Adjusted Measure Reports (SIRs, SURs) (1)
 - 2015 Baseline (Baseline Set 2) (2)
 - CLABSI and MBI-LCBI
 - CAUTI
 - VAE
 - SSI (3)
 - SIR SIR - Adult Complex AR SSI Data (2015 Baseline)
 - SIR SIR - Adult Complex AR SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Adult All SSI Data (2015 Baseline)
 - SIR SIR - Adult All SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Complex 30-Day SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Adult All HOPD SSI Data (2015 Baseline)
 - SIR SIR - Adult All HOPD SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Pediatric Complex AR SSI Data (2015 Baseline)
 - SIR SIR - Pediatric Complex AR SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Pediatric All SSI Data (2015 Baseline)
 - SIR SIR - Pediatric All SSI Data by Surgeon (2015 Baseline)
 - SIR SIR - Pediatric All HOPD SSI Data (2015 Baseline)
 - SIR SIR - Pediatric All HOPD SSI Data by Surgeon (2015 Baseline)
 - Line Listing - Procedures Excluded from SSI SIR (2015 Baseline)

Impacted SIR Reports

Impacted SIR Reports

New! NHSN Ambulatory Surgery Center Spotlight Newsletter Coming Soon

We are excited to announce the upcoming newsletter for Ambulatory Surgery Centers (ASC)! The newsletter will include content specifically focused on NHSN resources that are available for ASCs. The first issue is planned for release at the end of September 2024 and will include protocol updates, NHSN user enrollment guidance, highlights of ASC data, much more. The ASC newsletter will be emailed to active NHSN participants enrolled in the AMBSURG facility-type. Be on the lookout for this new resource!

NHSN Education and Training

Training Resource: NHSN Administrator's Training is Now Available!

Brief and informative application navigation videos have been developed for Facility Administrators and those that have Administrator User Rights in NHSN. You can access the training series here: <https://www.cdc.gov/nhsn/training/admin-training/nhsn-admin-training.html> and remember to save it to your favorites file.

Available trainings are:

- How to Add a User to a Facility
- Enrolling a Facility in NHSN
- How to Deactivate and Activate a user in a Facility
- Reassigning the Facility Administrator in a Facility
- How to Add a Component to a Facility

NHSN Protocol and Training Team's Fall Summit with APIC

Join APIC and CDC/NHSN for International Infection Prevention Week (IIPW)!

On October 16, 2024, we will have 3 engaging sessions focused on Global perspectives taking place live from 9:00 AM ET - 11:30 am ET, also includes time for questions and answers. Additionally, there will be 2 pre-recorded sessions available for attendees to view on demand.

Speakers include experts in international and national Infection prevention. This virtual event is appropriate for champions of infection prevention working in all aspects of public health both nationally and international.

The CDC/NHSN presentations include:

- **9:00 am - 9:40 am ET: Global Healthcare-Associated Infections: Burden, Surveillance Challenges, and Pathways to Prevention**
- **9:45 am - 10:25 am ET: Global Perspective: WHO's Role in Shaping HAI Surveillance and Prevention**

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- **10:30-11:15 am ET: Global Perspectives: Addressing HAI Surveillance and Prevention Challenges Through Collaboration and Innovation**

Pre-Recorded sessions Available on demand (National Infection Prevention Content)

- **Surgical Site Infection Surveillance and Reporting**
- **Current and Future Reporting for the NHSN AUR Module**

You will receive credits for attending.

Please click the link and follow the steps to register and review credit earning

numbers: <https://education.apic.org/products/apic-and-nhsn-ipc-at-home-and-abroad>

If you are not an APIC member, please follow these steps to create a free account:

1. Click the above link
2. Click the orange **You Must log in to Register** button on right side of screen
3. Click green **Create New Account** button
4. Complete profile
5. Complete registration information
6. Click **Store** in top navigation bar
7. Click **Webinars** in top navigation bar
8. Type **NHSN** in *search field* right of top navigation bar
9. Click 1st option **APIC and NHSN: IPC at Home and Abroad**
10. Click blue **Add to Order** button
11. Click **Checkout** button
12. click **Confirm Order** button
13. Click **View Receipt** or Exit application
14. Receive Registration Confirmation email

If you are having issues with registration, please direct them to elarning@APIC.org.

Protocol and Training Team 2024 Live Training Engagements: Ask the Experts

Reminder every 3rd Wednesday of the month at 2:00 pm - 3:00 pm EST, we host the Protocol and Training Ask the Experts session where you get the opportunity to ask topic related questions to our Subject Matter Experts.

Audience:

- PSC users - acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)
- Long-term Acute Care Hospitals (LTACH)
- Inpatient Rehabilitation Facilities (IRF)
- Inpatient Psychiatric Facilities (IPF)

All PSC Users are invited; however, the conversation will be geared to newer NHSN users, 3 years or less. The registration information will be emailed prior to each session.

Please mark your calendar for the remaining 2024 Dates:

- September - topic **BSI Basics 201** to register
click: https://cdc.zoomgov.com/webinar/register/WN_0kTIpU4TQC-RALc3skovUA
- November - topic **Chapter 17**, to register
click: https://cdc.zoomgov.com/webinar/register/WN_6vv763CKRVG2Zn3-73-Lmg
- December- topic **UTI/PNUE**, to register
click: https://cdc.zoomgov.com/webinar/register/WN_2tRY1N2cQGqAwL7Qg8MFoQ

NOTE: These sessions will not be recorded for future viewing.

Patient Safety Component (PSC) Education and Training Needs Assessment

We want to hear from you!

The PSC is excited to distribute our 2024 Education and Training Assessment, so that we can learn the best way to educate you and address your educational needs.

We've designed a short training needs assessment to collect your thoughts and opinions on past and future education events, because we want to know what works, what doesn't work, and what gaps exist in our training program in order to provide you with the best education options and experiences available.

Look for this survey to be delivered to your inboxes soon.

If you have any training questions, please send them to our NHSN Helpdesk, <https://servicedesk.cdc.gov/nhsncsp>, and click Training as your sub-category for it to come directly to us.

The NHSN Health Educator Team

HEALTHCARE PERSONNEL SAFETY COMPONENT

Long-term Care Facility Component: Simplified data collection form coming this Fall!

Long-term care facilities (LTCFs) will now use a new data collection form for residents beginning on September 30, 2024. This form will enable facilities to report both **case** and **vaccination** data on COVID-19, influenza, and RSV for residents all on **one** form!

This newly combined form is designed to streamline data reporting on residents. Therefore, facilities no longer need to report resident case and vaccination data through two separate modules (Vaccination Module and the COVID-19 Surveillance Pathways).

Facilities are required to use the form to report COVID-19 case and vaccination data. Influenza and RSV case and vaccination data reporting will remain optional. Facilities will report these data using the new “RPV-Residents” tab, as shown in the screenshot below. NHSN will provide several webinars this Fall to review how to access and complete this new form.

There is no change in reporting requirements or frequency. However, several data elements were removed entirely to reduce reporting burden.

Resident	▶	▼ Action Items
Staff	▶	RPV - Residents
Summary Data	▶	COVID-19 Vaccination - HCP
Respiratory Pathogens and Vaccination	▶	POC Test Result Reporting
RPV Summary		Pathway Data Reporting (Archive)
		COVID-19 Event

Long-term Care Webinar: 2024-2025 Respiratory Virus Season Updates

Join DHQP on Monday, **September 16**, at 1 PM ET for an overview of the latest respiratory virus vaccination recommendations, testing and treatment guidance, and infection prevention strategies. Long-term care (LTC) facility residents are at high risk of respiratory infections and severe disease. A combination of interventions can protect residents and staff during respiratory virus season. Continuing Education (CE) will be offered. [Register here.](#)

DIALYSIS COMPONENT

Mark Your Calendars – Q2 2024 QIP Deadline


The 2024 Quarter 2 deadline (payment year 2026) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease Quality Incentive Program is right around the corner! The deadline for reporting is Monday, September 30, 2024, at **11:59 PM PT**. Facilities reporting to NHSN should report all three months (April, May, June 2024) of data no later than September 30, 2024, in order to receive full credit for Q2 2024 reporting and meet requirements for the CMS ESRD QIP.

IMPORTANT: “Not Participating in NHSN this Month” Checkbox

The Dialysis team have seen an uptick in inquiries regarding utilization of the **“Not Participating in NHSN this Month”** checkbox on the Monthly Reporting Plans. It is important to note that the **only** time a facility should check the **“Not Participating in NHSN this Month”** box is if their facility is closed for the **entire month** due to factors outside of the facility’s control. If the facility is closed only a short period during the month, this box should not be checked. It is important to note that selecting this box will lead to your facility not receiving credit for reporting that month under the ESRD Quality Incentive Program (QIP) Dialysis Event (DE) Reporting measure, as well as a score of 0 points for the NHSN Bloodstream Infection (BSI) clinical measure, provided your facility is eligible for these measures.

The Centers for Medicare & Medicaid Services (CMS) offers a process for facilities to request an extraordinary circumstances exception (ECE) from certain quality reporting and value-based purchasing program requirements due to **extraordinary circumstances**. Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS data collection systems that directly affect a facility’s ability to submit data. An approved ECE is necessary to avoid penalties for non-participation in a month for the ESRD QIP NHSN DE and BSI measures. Further information related to exceptions can be found at <https://qualitynet.cms.gov/esrd/esrdqip/participation>.

If you have questions, please contact the Dialysis Team at NHSN@cdc.gov or through the Service Now portal on the NHSN homepage.

 **View Monthly Reporting Plan**

Mandatory fields marked with *

- * Facility ID: SB Test Facility Dialysis Component (ID 83053)
- * Month: August
- * Year: 2024

Events

Locations	Dialysis Event (DE)	Central Line Insertion Practices (CLIP)
AKI – AKI PATIENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CENTER – IN CENTER HEMODIALYSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Prevention Process Measures

Locations	Hand Hygiene (HH)	HD Catheter Connection / Disconnection (CATHCON)	HD Catheter Exit Site Care (CATHCARE)	AV Fistula / Graft Cannulation / Decannulation (FGCANN)	Dialysis Station Rou Disinfection (DISINFECT)
(If checked, required number of observations)	<input type="checkbox"/> (≥ 30)	<input type="checkbox"/> (≥ 10)	<input type="checkbox"/> (≥ 5)	<input type="checkbox"/> (≥ 10)	<input type="checkbox"/> (≥ 10)

Patient Vaccination

Influenza Vaccination Dialysis Patients (FLUVAXDP)

Not Participating in NHSN this Month

GENERAL NHSN INFORMATION

NHSN VENDOR CORNER

Notes on the NHSN Release Schedule

- Release 12.2.0 was deployed to production on 06/29/24.
- Release 12.3.0 is scheduled to be deployed on 09/28/24.
- Release 13.0.0 is scheduled to be deployed on 12/14/24.
- The NPPT site is currently on 12.3.0.
 - Please send any issues found to NHSNCDA@cdc.gov.

Important Update – R4-D2.2 Implementation

Based on feedback from vendors and review of the NHSN release schedule, we are suspending the implementation of **IG version R4-D2.2** for all HAI Events and Denominators/Summaries. This decision reduces the burden to many of our vendors with executing two IGs in a relatively short implementation window. NHSN will move forward with the Implementation of **IG version R4-D3 with an effective date of 1/1/2026 for CDA** submission. This IG includes updates to support the following data elements for these HAIs: Bloodstream Infection (BSI), Surgical Site Infection (SSI), Urinary Tract Infection (UTI), and Ventilator Associated Event (VAE) along with Procedure Denominator, Laboratory-Identified Organism (LIO), and Dialysis Events.

- Adding “Access used for dialysis at the time of the event” as required (***Dialysis Events only***)
- Changing “Race” and “Ethnicity” to be required
- Allowing ability to send multiple races
- Allowing ability to send multiple ethnicities
- Adding “Gender Identity” as required with ability to send multiple
- Adding “Sex at Birth” as required
- Adding “Language” as required with ability to send multiple
- Adding “Interpreter Needed” and “Interpreter Used” as required

We apologize for any inconvenience this decision may cause as we realize some vendors may have started or completed work for IG R4-D2.2. We appreciate your patience and partnership in this important public health work. We will continue to communicate updates throughout each phase of implementation.

Please let us know if you have any questions. As always, please send all questions to nhsncda@cdc.gov.

Release 12.3 – CDA Impact

The list below includes the one defect with impact to vendors that is currently slated for 12.3 planned for September 2024.

Patient Safety Component

- During the September 28, 2024, release, NHSN resolved a bug impacting MDRO Summary reporting for inpatient and outpatient locations when using R4-D2 IG version for CDA submission. Due to the bug, the files were failing, and the system was returning error indicating the IPF and/or IRF questions are required when the questions are not applicable for inpatient and outpatient locations. These questions are only applicable when facility type is HOSP-REHAB, HOSP-LTAC or HOSP-PEDLTAC and location is FACWIDEIN.

Release 13.0 – CDA Impact

The list below includes the changes with impact to vendors currently slated for 13.0 planned for December 2024, effective January 1, 2025.

Patient Safety Component

- NHSN plans to make the following updates to the AUR Module in the December release effective January 1, 2025.
 - Update to AU Option required drugs
 - Update to AR Option required pathogens
 - Plan to add *Candida* genus and additional *Candida* species
 - Add *Citrobacter* genus and all *Citrobacter* species
 - Add *Klebsiella* genus and all *Klebsiella* species
 - Add *Proteus* genus and all *Proteus* species
 - Plan to add Group A *Streptococcus*
 - Plan to refresh AR Option Pathogen Roll-up workbook
 - Update to AR Option required specimen types
 - Plan to add skin, soft tissue, musculoskeletal and wound
 - Update to AR Option drug panels
 - Protocol updates not affecting CDA files:
 - Plan to allow *Candida* isolates without susceptibility testing to be reported
 - Clarifications on denominator counting for AR Option admissions and encounters

Coming Later in 2025 – CDA Impact

The list below includes the changes with impact to vendors coming later in 2025.

- NHSN is planning to start implementing CDA version R1 IG for AU Module for the Long Term Care Component (CDA Manual and Direct Import only), **effective March 2025**. Manual data entry will not be available for the LTC-AU Module.
- NHSN is planning to start implementing CDA version R4-D3 IG for the AUR Module, **effective June 2025**.
 - Antimicrobial Resistance Option (ARO) Events
 - Antimicrobial Resistance Option (ARO) Summary
 - Antimicrobial Use (AUP) Summary
 - *Note: While AR and AU Summary records do not contain the ‘Sex at Birth’, ‘Gender Identity’, ‘Language’, ‘Interpreter Needed’ and ‘Interpreter Used’ fields, these CDA types are moving to the R4-D3 IG to be in line with AR Events. This is per the request of the Office of the National Coordinator for Health Information Technology as it relates to the AUR reporting measure within the CMS Promoting Interoperability Program.
 - The following updates will be made within the R4-D3 IG:
 - Adding fields for ‘Sex at Birth’, ‘Gender Identity’, ‘Language’, ‘Interpreter Needed’ and ‘Interpreter Used’ as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to required fields.
 - AR Event will include the following changes:
 - Removing the Staphylococcus aureus-specific requirement to report PCR mec and PBP2a tests
 - Adding a section for rapid molecular detection of antimicrobial resistance markers using a value set of LOINC terms
 - AU Summary will update the route of administration value set to use SNOMED codes for the digestive and respiratory routes.
 - No major updates to the AR Summary.
- NHSN is planning to start implementing CDA version R4-D3 IG that includes adding new fields for ‘Sex at Birth’, ‘Gender Identity’, ‘Language’, ‘Interpreter Needed’, ‘Interpreter Used’ and ‘Access used for dialysis at the time of the event’ as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to required fields, **effective January 1, 2026**. These changes will impact HAI Events for the following components.
 - **Patient Safety Component**
 - Bloodstream Infection (BSI)
 - Procedure Denominator
 - Surgical Site Infection (SSI)
 - Laboratory-Identified Organism (LIO)
 - Urinary Tract Infection (UTI)
 - Ventilator Associated Event (VAE)
 - **Dialysis Component**
 - Dialysis Events
 - Dialysis Denominator (While there are no changes for dialysis denominator, this CDA is moving to the R4-D3 IG to be in line with Dialysis Events.)

- **Neonatal Component**
 - Late Onset Sepsis/Meningitis Denominator
 - Late Onset Sepsis/Meningitis Event
- NHSN is planning to implement CDA version R1-D1.2 IG that includes adding new fields for ‘Sex at Birth’, ‘Gender Identity’, ‘Language’, ‘Interpreter Needed’ and ‘Interpreter Used’ as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to be required fields, **effective January 1, 2026**. This change will impact the following:
 - Long Term Care Component
 - Laboratory Identified MDRO or CDI Event for LTCF

AU Option SDS Update

The newest version of NHSN’s Antimicrobial Use (AU) Option Synthetic Data Set has now been posted: [AUR Synthetic Data Set Validation | NHSN | CDC](#). In this version, antimicrobial ingredients have been updated to the 2023 version and dates were updated to 2023. The location type of an ineligible ward was updated. Lastly, the admissions logic was updated to align with the AR Option admissions logic and noted in the 2024 AUR Module Protocol.

Vendors creating AU files for customers must revalidate their software using the 5.0 version posted prior to March 1, 2025. Upon revalidating, vendors will receive an updated AU SDS Validation ID to be included in their AU CDA files. AU CDA files for March 2025 and forward will fail to upload without the updated AU SDS Validation ID.

Note: Please use the updated webservice link when validating: <https://nhsnpilot.ng.techlab.cdc.gov/AUValidation-Production/home.html>

September 2024 Vendor Webinar

The Fall Vendor Webinar is scheduled for September 18, 2024. This webinar will contain a review of the upcoming NHSN releases, including the end of year release, that will impact vendors along with a preview of new measures that will be implemented in NHSN. The slides and recording will be posted in the coming weeks.

Support Requests for the NHSN CDA Team

We encourage facilities and vendors to reach out to the NHSN CDA Team with questions, comments, and concerns. NHSN has rolled out a new and improved customer service tool called ServiceNow. You can submit your questions to NHSN using the ServiceNow self-service portal. The portal can be accessed by logging into CDC’s Secure Access Management Services (SAMS) application and selecting the **ServiceNow** link. Users that do not have SAMS access can continue to email the Help Desk at nhsn@cdc.gov.

You can also continue sending emails via NHSNCDA@cdc.gov. **Note:** If you need to send CDA files for troubleshooting, the files must be sent securely to NHSNCDA@cdc.gov.

VERY IMPORANT NOTES:

- If you email NHSNCDA@cdc.gov the response will come from cdcservicedesk@cdc.gov. Please make sure this new email address will not be blocked by your email system.
- When emailing, be sure NHSNCDA@cdc.gov or NHSN@cdc.gov is on the To line. The system does not open a ticket if NHSNCDA@cdc.gov or NHSN@cdc.gov is on the CC line.

We aim to reply to your email within 5 business days, but that timeline may vary depending on the complexity of the issue and the amount of investigation needed. If you don't hear from us within 5 business days, please send another email.

If your email involves messages sent via Direct CDA Automation not receiving a response, please first ensure it's been more than 24 hours since the messages were originally sent to NHSN via Direct. During specific times of the month, NHSN experiences a high volume of Direct submissions, and it can take a while for the NHSN servers to clear the queue. If it has been more than 24 hours since you sent the message via Direct, please help us in our investigation by providing the following details for your submissions (see example information below). We aim to reply to emails regarding missing Direct message responses within 1 business day but failure to provide information below will extend the turnaround time.

Facility Name	NHSN Facility ID#	Submitted Date/Time	Zip file Name	Message ID
Best Hospital Ever	12345	01/27/2023 13:15	AU23_JAN_2023	1230589110.20827.1543342802378. JavaMail.tomcat@vendor-hisp02

CDA Direct Automation

Currently, over 9,600 facilities have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the [NHSN CSSP Importing Data webpage](#).

Guide to CDA Versions

- The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify valid CDA imports based on the correct Implementation Guide.
- In addition, implementers can use the GitHub site to get all the latest xml (Schema, Schematron, and sample) files.
 - XML and Related files (Schematron, sample, html, stylesheet) are housed on the HL7 GitHub site: <https://github.com/HL7/cda-hai>
 - The latest CDA Schema is located on the HL7 GitHub site: <https://github.com/HL7/cda-core-2.0/tree/master/schema/extensions>
- The Guide to CDA Versions is available on the CDA Portal Implementation Toolkits & Resources Website: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>

Guide to CDA Versions

[Print](#)

For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.

The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/procedure/specimen collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2024	2023	2022	2021
CDA Toolkit Release	<u>12.2</u>	<u>11.1</u>	10.1	9.5 & 10.0
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D4	R3-D4
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D3
EVENTS				
Primary Bloodstream Infection (BSI)	R4-D1	R4-D1	R3-D3	R3-D3
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Urinary Tract Infection	R4-D1	R4-D1	R2-D1.1	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Ventilator-associated Event (VAE)	R4-D1	R4-D1	R3-D2	R3-D2

As an Important Reminder...

Not all NHSN changes are documented in the IDM, be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: <https://www.cdc.gov/nhsn/newsletters/index.html>
- Archived NHSN email communication: <https://www.cdc.gov/nhsn/commup/index.html>
 - Includes release notes and summary of updates for specific components
- Vendor webinars & training videos: <https://www.cdc.gov/nhsn/cdaportal/webinars.html>

NHSN Application Time Stamps Updated to UTC

Reminders and Updates from the NHSN Analytic Team: Timestamps

- As a part of the ongoing NHSN system upgrades and modernization efforts, timestamps have been updated to UTC. UTC is the Coordinated Universal Time. All NHSN timestamps are now displayed in the UTC standard. UTC is a time standard, and does not adjust for daylight saving, therefore remains constant throughout the year. This change has no impact on data submission deadlines.

All NHSN timestamps are displayed in the UTC Standard. To convert UTC to Eastern Time:

- Between second Sunday in March – first Sunday in November: subtract 4 hours from UTC to get Eastern Daylight Time (EDT).
- Between first Sunday in November – second Sunday in March: subtract 5 hours from UTC to get Eastern Standard Time (EST).

The NHSN environment, including analysis reports and the dataset generation page, has been updated to include UTC timestamps.

Examples of where users will see the UTC timestamps in the analysis and dataset generation sections of NHSN:

Patient Safety Data Set Generation:

Generate Data Sets (Patient Safety)

Reporting Data Sets

Include data for the following time period:

Beginning: 03/2023 1 Ending: 06/2024 1 **Clear Time Period**

Generate Reporting Data Sets

Last Generated: (UTC)
June 3, 2024 1:15 PM
to include data beginning 03/2023 and ending 06/2024

Reports*:

National Healthcare Safety Network
SIR for MRSA Blood FacwideIN in Acute Care Hospitals for CMS IPPS (2022 Baseline)
As of: August 20, 2024 at 3:02 PM UTC
Date Range: BS3_LABID_RATE\$MRSA_CMS summaryYr After and Including 2022
if (((mrsaLabIDPlan = "Y")))


orgID=10018 medType=G

orgID	ccn	location	summaryYQ	months	MRSA_bldIncCount	numPred	numpatdays
10018	JIJJI	FACWIDEIN	2023Q4	3	1	0.012	697

Source of aggregate data: 2022 NHSN MRSA Blood LabID Data
Data contained in this report were last generated on August 20, 2024 at 2:54 PM UTC to include data beginning March 2023 through June 2024 .

*Disclaimer: Fictitious data shown for illustrative purposes only.

Dashboard:

 **NHSN Patient Safety Component Home Page**

TAP Strategy Dashboard

Update Last Generated: (UTC) August 20, 2024 3:00 PM

2022 Baseline 2015 Baseline

NHSN 2024 BETA

We are currently seeking volunteers for the NHSN annual release of version **13.0**. The Beta team is planning for a **two-week** beta testing period prior to the full production release scheduled for **December 14, 2024**. Beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

From **October 31, 2024**, through **November 14, 2024**, “dummy data” will be populated in the beta environment for testers to manipulate with the NHSN **13.0** application. During the testing period, all data submitted the previous day during testing will be purged, and new data will be available for testing each morning.

We need volunteers from all NHSN components to participate: **Dialysis, Neonatal, Patient Safety, Healthcare Personnel Safety, and Long-Term Care**. If you are interested in volunteering, please contact us at NHSNBeta@cdc.gov to express your willingness to participate and specify the component for which you are volunteering. We can support a limited number of beta testers, so availability cannot be guaranteed to everyone.

+ More details will be made available in direct communication with volunteers via email prior to the beta testing period.

NHSN Helpdesk Activity Updates

Quarter 3, 2024

(Averages)

- 39 new facilities enrolled in NHSN this quarter
- 22 Ambulatory Surgery Centers (ASCs) enrolled this quarter
 - 16,337 Tickets/Cases this quarter
 - 15,418 Tickets/Cases closed this quarter

NHSN Enrollment Updates

NHSN Enrollment Update (as of September 06, 2024):

8,444 Hospitals (this includes 633 Long-term Acute Care Hospitals and 573 Free-standing Inpatient Rehabilitation Facilities)

8,697 Outpatient Hemodialysis Facilities

6,915 Ambulatory Surgery Centers (ASCs)

18,727 Long-term Care Facilities

42,783 Total Healthcare Facilities Enrolled

The National Healthcare Safety Network (NHSN) is a voluntary, 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.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities.



The Centers for Disease Control and Prevention (CDC)

MS-A24, 1600 Clifton Road, Atlanta, GA 30333

E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn