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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

CDC

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AUR Module Updates

UPDATE! **CMS Promoting Interoperability Program (formerly MU3)**

The issue where some facilities receive their automated report, which shows submission of AUR data for the purposes of the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program (formerly MU3), via email twice with conflicting information was not resolved in September 2021 as planned. This issue is ongoing, and an additional issue was identified where the Promoting Interoperability reports that Facility Administrators can access within NHSN do not correctly give credit for AR data submitted. These reports are incorrect for all program years for the AR Option as of November 1, 2021. However, reports pulled directly from the NHSN application prior to that date are correct. A fix for both of these issues is planned for a future release of NHSN.

NEW! **AR Option Updates for 2022**

The AR Option protocol will be updated for 2022 to include updates effective with specimens collected January 1, 2022 and forward. A new question will be added to the AR Event CDA to assess whether a patient was admitted during the encounter. The drug panels will be updated to reflect more current CLSI testing practices and phenotype definitions will be updated to reflect the new drug panels. Stay tuned for updated documentation.

NEW! **2020 AU Data Report**

The AU Option Team published the 2020 AU Option Data Report to celebrate USAAW this year. The 2020 report, an update to the 2019 report, summarizes Standardized Antimicrobial Administration Ratio (SAAR) distributions and percentages of antimicrobial use for adult, pediatric, and neonatal locations. These reports provide actionable data to hospitals, informing stewardship by allowing hospitals to compare their SAARs to the national distribution and see where their prescribing practices can improve. The percentage of antimicrobial use by class and drug within SAAR antimicrobial agent categories included in the reports provides insight into prescribing practices across different patient care locations.

UPDATE! **Updated Quick Reference Guides**

The AUR team updated the Antimicrobial Use SAAR Table – By Location Quick Reference Guide (QRG) document on the NHSN Patient Safety Analysis Quick Reference Guides page. This document now includes an example of the new column "SAAR Percentile" which is included with the SAAR by location reports in the application. The SAAR Percentile column provides the percentile based on the distribution of location-specific SAARs found in the 2019 AU Data Report. Additionally, the Antimicrobial Resistance Denominator Line List QRG was updated to include the new column for outpatient encounters. The outpatient encounter data can be submitted from ED, pediatric ED, and 24-hr observation locations beginning with 2021 AR Summary data.

Antimicrobial Use Option Synthetic Data Set Initiative

We've received quite a few questions recently from facilities about completing Antimicrobial Use Synthetic Data Set (AU SDS) Validation. Only facilities that are aggregating their AU Option data and creating AU Clinical Data Architecture (CDA) files in-house using their own "homegrown" IT or informatics resources need to go through the AU SDS Validation process. Facilities that are using a vendor to do these functions, do not need to go through the validation process. For those facilities, they should reach out to their vendor with specific questions including asking about their AU SDS Validation timeline.

Facilities that create their own AU CDA files in-house using their own "homegrown" IT or informatics resources need to go through the AU SDS Validation process. Please refer to the General NHSN Information CDA Corner section of the NHSN Newsletter below for additional information related to AU SDS Validation.

Antimicrobial Resistance Option Synthetic Data Set
NHSN will begin piloting the Antimicrobial Resistance Synthetic Data Set (AR SDS) soon. We plan to have an AR SDS validation requirement phase-in period in 2022 and require full validation in 2023. Please share this information with your vendors to ensure ample opportunity for implementation.

There is no direct action needed from your facility. Similar to AU SDS Validation, facilities that create their own AR CDA files in-house using their own "homegrown" IT or informatics resources need to go through the AR SDS Validation process.

Patient Safety Component Facility Survey

Reminder: Release of the 2021 Patient Safety Component (PSC) Facility Survey
The 2021 Patient Safety Component (PSC) Annual Survey will be released on January 1, 2022. This mandatory survey is to be completed by all facilities enrolled in the NHSN PSC and must report information on hospital characteristics and practices for the previous calendar year.

Survey Updates: While completing the 2021 PSC facility survey, you will observe changes to the facility characteristics, microbiology laboratory practices, infection control practices, neonatal, antibiotic stewardship practices, and water management sections. Some questions have been re-written or re-formatted for clarity and previously optional questions are now required.

Gentle Reminders:
- The survey must be completed by March 1st, 2022. Facilities that do not meet this deadline will be unable to create monthly reporting plans.

- NHSN analysis reports use data from the most recently completed annual survey. This is important to consider for the upcoming CMS Quality Reporting Program Submission of 2021 Quarter 3 data, due on February 15, 2022. Facilities that do not complete the 2021 annual survey prior to the CMS 2021 Quarter 3 deadline will have their data risk-adjusted using the 2020 survey. NHSN strongly recommends completing the survey prior to the February 15, 2022 CMS deadline.

- Acute care hospitals completing the 2021 Annual Hospital Survey will have the option to temporarily save an incomplete survey. This functionality can be used when a user is unable to complete the entire NHSN survey in one sitting. Select "Save", located at the bottom of the survey, to save an incomplete survey. Users can return to their incomplete survey at a later time and complete the additional required fields. To locate an incomplete survey in NHSN, click "Surveys" > "Incomplete", and select the 2021 annual survey. Complete any additional data entry as needed and select "Submit" at the bottom of the page. Incomplete survey data will not be included in SIR calculations.

- Saving an incomplete survey is currently unavailable for the LTAC and IRF Annual Surveys.

For additional guidance and support, contact our support team at nhsn@cdc.gov. Use "*PSC Annual Survey*" in the subject line to expedite the response time.

Documents Updates

<mark>2022 Updates</mark>! **Patient Safety, Outpatient Procedure, and Neonatal Components Protocols and Related Documents**

NHSN will post the following documents to the website for use beginning in January 2022:
- Patient Safety Component Surveillance Protocols
- Patient Safety Components Tables of Instructions (TOI)
- Outpatient Procedure Component Surveillance Protocols
- Outpatient Procedure Component Tables of Instructions (TOI)
- Neonatal Component (Late-onset Sepsis/ Meningitis Module) Surveillance Protocol
- NHSN Organism List
- Guidance for Missing Denominator Data
- Unusual Susceptibility Profiles Alert

These documents are to be used beginning January 1, 2022. Until that time, please continue to use the 2021 protocols, which will remain posted on the lower left-hand corner of the NHSN home page under "Manuals & Protocols."

Summaries of significant updates to the PSC and OPC protocols are available:

https://www.cdc.gov/nhsn/pdfs/commup/2022-psc-summary-508.pdf
https://www.cdc.gov/nhsn/pdfs/commup/2022-opc-summary-508.pdf

NHSN Webpage and Name Change

NEW! NHSN Reports Webpage
Are you looking for publications and surveillance reports showing data from NHSN? The NHSN team has recently re-designed the NHSN Reports webpage, which features a new layout that organizes all NHSN reports by data topic. Published NHSN reports include data on HAIs, COVID-19, antimicrobial use and resistance, healthcare personnel influenza vaccination coverage, data from long-term care (LTC) facilities, and other topics. Recently published reports are listed on the right-hand side of the webpage, under the "New Reports" heading. The webpage can be found here: https://www.cdc.gov/nhsn/datastat/index.html

Enterobacteriaceae Pathogen Name Change
Over the next few months, NHSN will implement a taxonomy and pathogen name change for Enterobacterales. This change will be seen on the NHSN Patient Safety Annual Facility Survey and associated analysis reports, analysis reports for HAI pathogens and antimicrobial resistance, AR Option analysis reports, NHSN user documentation, and CDC's Patient Safety Portal. In all of these areas, the term "Enterobacterales" will replace the previous term "Enterobacteriaceae". No changes are being made in NHSN to the specific pathogens included in this grouping.

In 2020, a taxonomy change was adopted by the Systematized Nomenclature of Medicine -- Clinical Terms (SNOMED CT) to use "Enterobacterales" as the name of a new scientific order. "Enterobacteriaceae" are now a family within the "Enterobacterales" order, along with Erwinaceae, Pectobacteriaceae, Yersiniaceae, Hafniaceae, Morganellaceae, and Budvicaceae. Enterobacterales are a large order of different types of bacteria that commonly cause infections in healthcare settings. Examples of bacteria in the Enterobacterales order include *Escherichia coli* (*E. coli*) and *Klebsiella pneumoniae*.

For more information, visit the CDC Carbapenem-resistant Enterobacterales (CRE) website (https://www.cdc.gov/hai/organisms/cre/index.html).

Analysis Updates

NEW! **2020 National and State Healthcare-Associated Infections Progress Report**
CDC has released the *2020 National and State Healthcare-Associated Infections (HAI) Progress Report* showing significant increases between 2019 and 2020 in some HAIs for some facility types, including: a 35% increase in the standardized infection ratio (SIR) for ventilator-associated events (VAEs), 24% increase in central line-associated bloodstream infections (CLABSI), and a 15% increase in hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) for acute care hospitals. While some infections increased between 2019 and 2020, all 2020 national SIRs except VAEs remain below the 2015 baseline SIR of 1 , or a "reference point" for measuring progress, in acute care hospitals. Other HAIs were unchanged between 2019 and 2020 or showed a significant decrease. This progress in infection prevention is a testament to the dedication of healthcare providers across the country to protect patients from harm despite unprecedented challenges in 2020.

The report includes data reported to the National Healthcare Safety Network (NHSN) across four healthcare settings: acute care hospitals, critical access hospitals, inpatient rehabilitation facilities (IRFs), and long-term acute care hospitals (LTACHs).

In 2020, many hospitals faced extraordinary circumstances that may have reduced the implementation of standard infection prevention and control (IPC) practices. In acute care hospitals, the increases seen in some HAIs in 2020 contrast with the success in reducing these infections prior to the pandemic. Despite the challenges of the COVID-19 pandemic, acute care hospitals in more than half of states are performing better than the 2015 national baseline in preventing CLABSI, CAUTI, SSIs following surgeries, MRSA bacteremia and *C. difficile* infections.

These findings are consistent with increases of some HAIs in hospitals reported in the one-time study by Weiner-Lastinger, L et al, Impact of COVID-19 on HAIs in 2020: A summary of data reported to NHSN published in September 2021. The 2020 HAI Progress Report also shows progress in reducing some HAIs in other healthcare settings. In LTACHs, significant reductions were seen in CLABSI, CAUTI, and LTACH-onset CDI, while no significant changes were observed in VAE. In IRFs, significant reductions were seen in hospital-onset CDI, CLABSI, and CAUTI, while no significant changes were observed in IRF-onset MRSA bacteremia.

The 2020 HAI Progress Report highlights the need for healthcare to continue to reinforce IPC practices in their facilities and regularly review HAI surveillance data to identify areas that need to be improved, plus address any gaps in prevention practices. CDC remains committed to protecting patients and promoting safety, quality, and value in healthcare delivery.

Read the full 2020 HAI Progress Report, including the executive summary, data tables, and technical appendix and frequently asked questions. Data for the HAI Progress Report are also available in CDC's Antibiotic Resistance & Patient Safety Portal (AR&PSP), an interactive web-based application that shows data collected through CDC's NHSN and other sources.

Reminder! Data for CMS Quality Reporting Programs Due Soon!

The following data must be entered into NHSN by **February 15, 2022,** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Conditions (HAC) Reduction Programs:
2021 Quarter 3 (July 1 - September 30) CLABSI and CAUTI data
- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards
- Includes Veterans Affairs and Department of Defense (DoD) acute care hospitals

2021 Quarter 3 (July 1 - September 30) Inpatient COLO and HYST SSI data
2021 Quarter 3 (July 1 - September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)
- FacWideIN
- ED and 24-hour observation locations
- Includes DoD acute care hospitals

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2021 Quarter 3 (July 1 - September 30) CLABSI and CAUTI data (all bedded inpatient care locations)
2021 Quarter 3 (July 1 - September 30) Inpatient COLO and HYST SSI data
2021 Quarter 3 (July 1 - September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:

2021 Quarter 3 (July 1 - September 30) CAUTI data (all bedded inpatient locations)
2021 Quarter 3 (July 1 - September 30) *C. difficile* LabID Events (all healthcare-onset and community-onset)
- Freestanding IRFs: Reporting by FacWideIN
- IRF units within other settings (for example, within acute care or critical access hospitals): Reporting by each CMS IRF unit

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:
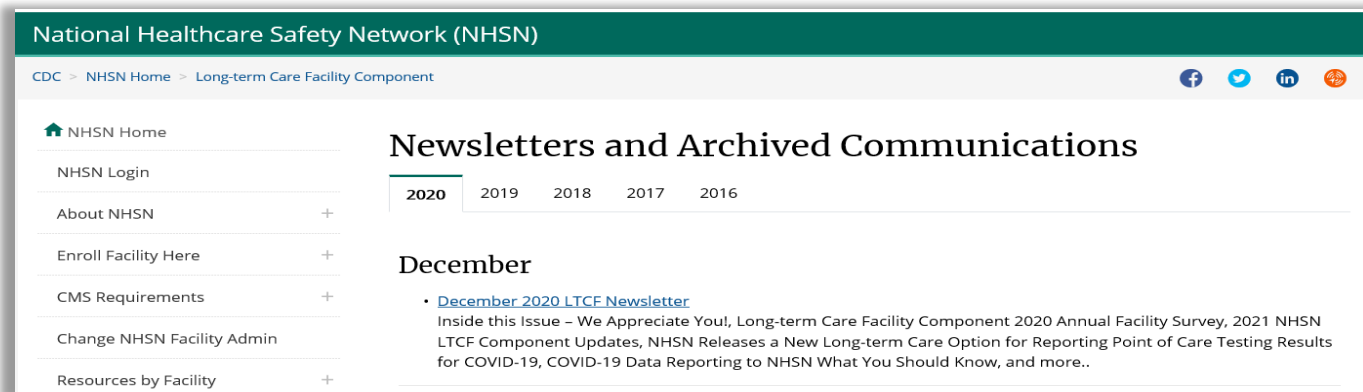2021 Quarter 3 (July 1 - September 30) CLABSI and CAUTI data (all bedded inpatient locations)
2021 Quarter 3 (July 1 - September 30) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that; 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: https://www.cdc.gov/nhsn/cms/index.html
If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletters, available here:
https://www.cdc.gov/nhsn/ltc/newsletters/index.html

HEALTHCARE PERSONNEL SAFETY COMPONENT

Updates to Weekly COVID-19 Vaccination Modules

CDC's National Healthcare Safety Network (NHSN) hosted webinars in November 2021 that reviewed collecting and reporting COVID-19 vaccination data through NHSN, frequently asked questions (FAQs), and tips for data entry. There have been recent changes to the COVID-19 Vaccination Modules, such as a revised form for collecting healthcare personnel vaccination data and updated guidance on individuals eligible to receive an additional or booster dose of the COVID-19 vaccine.

Training materials, such as webinar slide sets and updated FAQs, can be found on the following webpages:
Long-term care facilities reporting data on healthcare personnel and residents
Non-long-term care facilities reporting data on healthcare personnel
Dialysis facilities reporting data on patients
Facilities can also contact CDC with questions at: NHSN@cdc.gov using 'COVID-19 vaccination' in the subject line of the message.

Thank you,
NHSN COVID-19 Vaccination Team

DIALYSIS COMPONENT

NHSN COVID-19 Module Update

Dialysis Event Form NEW Field

On the Dialysis Event Form under Risk Factors, a new field has been added which will allow users to indicate the access type that was used to dialyze the patient on the day of the event. This field will be optional beginning in January for CY 2022 and will be a required field beginning January 2023.

Annual Update for the 2022 Outpatient Dialysis Center Practices Survey and 2022 Home Dialysis Practices Survey

The Dialysis Team has updated the Annual In-center and Home Practice Surveys for CY 2022.   All questions regarding the Hepatitis B vaccine series have been revised to encompass any completed series of Hepatitis B. Completion of a Hepatitis B series will be dependent on the manufacturer of the vaccine. For reporting purposes, a completed series is referred to any series, regardless of doses required for the particular manufacturer.

Coming Soon
Be on the lookout for an announcement and registration
for the upcoming annual update webinar

Mark Your Calendars – Q3 2021 QIP Deadline

Mark Your Calendars – Q3 2021 QIP Deadline Extended
The 2021 Quarter 3 deadline (payment year 2023) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is right around the corner! The deadline for reporting has been extended by CMS to Monday, January 3, 2022 **at 11:59 p.m. PST**. Facilities reporting to NHSN should report all three months (July, August, September 2021) of data no later than 11:59 p.m. PST January 3, 2022 in order to receive full credit for Quarter 3/2021 reporting and meet requirements for the CMS ESRD QIP.

GENERAL NHSN INFORMATION

CDA Corner

NEW! AU Option Drug Code

The remaining AU Option drugs that still use NHSN Local Codes (code system 2.16.840.1.113883.6.277) will be updated to use RxNorm codes (code system 2.16.840.1.113883.6.88) instead with the NHSN 10.1 Release planned for this month. These changes affect the following eight drugs: ceftazidime/avibactam, ceftolozane/tazobactam, dalbavancin, delafloxacin, fidaxomicin, isavuconazonium, oritavancin, and tedizolid. AU files submitted for January 2022 going forward will require RxNorm codes for all drugs. AU files submitted for December 2021 and earlier should use the NHSN Local Codes for the eight drugs mentioned. These changes are reflected in the 10.1 IDM on the "Antimicrobial Ingredients 2022" tab.

NEW! AR Option Updates for 2022

The AR Option protocol will be updated for 2022 to include updates effective with specimens collected January 1, 2022 and forward. A new question will be added to the AR Event CDA to assess whether a patient was admitted during the encounter. The drug panels will be updated to reflect more current CLSI testing practices and phenotype definitions will be updated to reflect the new drug panels. Stay tuned for updated documentation. AR Events for specimens collected January 1, 2022 and forward will use the R3 normative IG.

Also beginning with summary records for January 2022, the application will only accept AR Summary files using the R3-D4 IG. The R1 normative IG can be used for AR Summary files December 2021 and prior. The AR Option CDA Toolkit has been updated with the R3-D4 AR Summary sample files.

Notes on the NHSN Release Schedule

- Release 10.0 was deployed September 18, 2021

    - New Neonatal Component is now available with Late Onset Sepsis and Meningitis event types using the R3-D4 Implementation Guide

- Release 10.1 is scheduled for December 2021

    - Defects will be effective post deployment

    - **CRs will be effective January 1, 2022**

- The NPPT site is currently on v10.0.0.5

    - Please send any issues found to NHSNCDA@CDC.GOV

COVID-19 Data Uploads

- Please visit the NHSN COVID-19 Information webpage for more details:
  https://www.cdc.gov/nhsn/covid19/index.html

- Direct CSV Submission is available for the Long-Term Care and Dialysis pathways, Point of Care (POC) reporting, and vaccination uploads - specifically in the long-term care, dialysis, and healthcare personnel safety components. The accepted file formats are either CSV or HL7 2.5.1.

- Instructions on how to sign up for Direct and use this method is available on the NHSN website: https://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol

- COVID-19 Module is available for Long Term Care and Dialysis facilities

COVID-19 Addition to HAI CDAs for January 2022
The following CDAs will have a new COVID-19 question added: BSI, SSI, VAE, and UTI. COVID-19 = Yes/No

- Currently optional for manual entry on the NHSN User Interface

- Required beginning with events January 1, 2022 and after

- The R4-D1 IG can be found in the "CDA 10.1 Guides" zip file within the Release 10.1 toolkit

https://www.cdc.gov/nhsn/cdaportal/toolkits.html or the HL7 GitHub Site: https://github.com/HL7/cda-hai

CDA Vendor Webinar
The recording from the October 20th CDA Vendor webinar will be posted to the CDA Training & Webinars website soon.

Antimicrobial Use Option Synthetic Data Set Validation
Antimicrobial Use Synthetic Data Set (AU SDS) Validation is expected of vendors prior to submission of AU CDA files for reporting of January 2021 AU Summary files and beyond. This means that all production 2021 and beyond AU Summary CDA files must contain the SDS Validation ID - provided by the NHSN Team after confirmation of successful validation - and must contain a Vendor (Application) OID. NHSN will reject 2021 AU Summary CDA files that do not contain this information. NHSN will continue to accept 2020 AU Summary CDA files without the SDS information.

It is the vendor's responsibility to obtain the Vendor (Application) OID. Please see the following website for instructions: https://www.cdc.gov/nhsn/cdaportal/au-sds/oid.html. Note that PHINTECH, the issuing authority of the Vendor OID, cannot answer questions about next steps about AU SDS Validation. If vendors still have questions after reviewing the AU SDS material including instructions and FAQs available on the CDA Submission Support Portal at the following link, https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html, then please email nhsncda@cdc.gov.

Antimicrobial Resistance Option Synthetic Data Set Validation
As noted in the Antimicrobial Use and Resistance Module Updates section above, an Antimicrobial Resistance Synthetic Data Set (AR SDS) pilot will begin soon. NHSN plans to have an AR SDS validation requirement phase-in period in 2022 and require validation in 2023. As part of the phase-in period in 2022, we will create an AR SDS Validation webpage like the AU SDS Validation whereby the production AR SDS version and instructions can be downloaded. We are recruiting AR SDS pilot participants. These vendors can help NHSN test an AR SDS beta release and further refine its development including providing insight on vendor specific data aggregation methods and ensuring we've covered real-world use cases. Furthermore, participants would have an opportunity to provide feedback on documentation such as the AR SDS instructions and FAQs. If you would like to be a pilot participant, please send an email to nhsncda@cdc.gov indicating your interest.

CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:						
Query Date Range	January, 2019 - December, 2019	April, 2019 - March, 2020	July, 2019 - June, 2020	October, 2019 - September, 2020	January 2020- December 2020	April, 2020 - March, 2021
Blood Stream Infection	44%	47%	49%	51%	56%	53%
Urinary Tract Infection	46%	47%	47%	48%	45%	49%
Surgical Site Infection	45%	47%	49%	51%	42%	53%
Laboratory Identified Event	67%	68%	69%	70%	64%	72%
Dialysis Event	77%	77%	77%	76%	74%	74%
Central Line Insertion Practices (CLIP)	25%	26%	28%	30%	23%	32%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	8%	12%	16%	22%	0%	37%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%
ICU/Other Summary	30%	30%	30%	30%	27%	32%
SCA/ONC Summary	37%	38%	38%	39%	33%	41%
NICU Summary	32%	32%	32%	32%	28%	35%
Surgical Procedure - via CDA	42%	45%	47%	50%	34%	54%
MDRO Summary	9%	10%	10%	11%	8%	12%
Dialysis Summary	62%	62%	63%	66%	56%	66%
Hemovigilance Summary	0%	0%	0%	0%	0%	0%
Surgical Procedure - via CSV	50%	47%	46%	43%	56%	40%

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

- **Release 10.1 IDM for vendors is now available on the CDA Portal Implementation Toolkits & Resources Website.** https://www.cdc.gov/nhsn/cdaportal/toolkits.html

Guide to CDA Versions

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	2022	2021	2020	2019
CDA Toolkit Release	10.1	9.5 & 10.0	9.4	9.2 & 9.3
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D1.1	R3-D1.1
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D1 or R3-D3
EVENTS				
Primary Bloodstream Infection (BSI)	R4-D1	R3-D3	R3-D3	R3-D2
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1

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

- CDA vendor webinars & training videos: https://www.cdc.gov/nhsn/cdaportal/webinars.html

Update for CDA Direct Automation

At this time, over 8,600 facilities from 59 separate vendors 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 CSSP site:
http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol.

Data Quality Corner

UPDATE! **C-Section Duration of Labor and Your SSI SIR**

The CDC continues to conduct regular assessments of the completeness, accuracy and timely submission of the data received in NHSN. During a recent data quality analysis, CDC identified several facilities reported '0' for the required field 'duration of labor' for all their cesarean procedures (CSEC) reported to NHSN. Since the duration of labor is used in the risk adjustment of the SIR denominator and impacts your SIR, NHSN recommends that all facilities review their data routinely for accuracy and completeness.

The 'duration of labor' data field is used in the risk adjustment of the "All SSI Data" and "Complex admission/readmission (A/R) SSI" SIR denominator for both pediatric and adult patients. This variable, in addition to others, is used to determine the likelihood of infection following a c-section procedure. To receive the appropriate risk adjustment for each CSEC procedure, it is important to report the duration of labor data field
(in addition to all the other factors used in the risk adjustment of the SIR denominator) correctly. Remember that the sum of each patient's procedure risk, gives you the predicted number of infections.

UPDATE! **C-Section Duration of Labor Definition**
Definition: See Page 5 of Instructions for Completion of Denominator for Procedure Form (CDC 57.121):
https://www.cdc.gov/nhsn/forms/instr/57_121.pdf
The duration of labor on the c-section denominator form is conditionally required. If operative procedure is CSEC, enter number of hours the patient labored in the hospital from beginning of active labor to delivery of the infant, expressed in hours. The documentation of active labor can be supplied in the chart by a member of the healthcare team or physician. Active labor may be defined by the individual facility's policies and procedures but should reflect the onset of regular contractions or induction that leads to delivery during this admission.
If a patient is admitted for a scheduled CSEC and has not yet gone into labor, the duration of labor would be 0. Hours should be rounded in the following manner: ≤30 minutes round down; >30 minutes round up.

UPDATE! **Length of Stay (LOS) and Time To Infection (TTI) DQ Outreach**
The Device Associated (DA) team has recently started DQ outreach to NHSN facilities for presumed outliers to LOS and TTI calculations for CLABSI, CAUTI and VAE (LOS only) data that are likely to impact the accuracy of data in NHSN. The NHSN application does not produce soft alerts for LOS and TTI outliers. Please respond to the respective outreach emails if you have any questions or concerns for data resolution. If you have any additional questions or concerns about the above DQ items, please email us at NHSN@cdc.gov with the subject line 'DA Data Quality'.

NHSN Training Updates

NEW! **Quick Learns Available!**

The National Healthcare Safety Network (NHSN) provides you the opportunity to receive *Just In Time* training with Quick Learns. Quick Learns are resources that may define a specific part of a protocol or deliver approaches for data analysis within the NHSN application.

Quick Learns are short, 7–15-minute educational experiences, provided by NHSN's Acute Care & Analytics Teams.

We have 2 new Protocol Quick Learn training resources:
Check them out below!

Quick Learn #1
Need guidance with completing the FacWideIn Denominator Data Entry form in the MDRO/CDI Module? Watch this video, it provides step-by-step instructions on how to locate and use form in NHSN.

How to Complete FacWideIn Denominator Data Entry in the MDRO/CDI Module- clarifies how to accurately complete the updated MDRO and CDI Monthly Denominator from for both internal and CMS inpatient quality reporting purposes.

Click, MDRO & CDI Training | PSC | NHSN | CDC, to view our short video and learn how to locate the MDRO/CDI Denominator form in the NHSN application and calculate the FacWideIN data to enter on form. You can locate the video under Patient Safety Component Training in the MDRO & CDI Quick Learns section.

Quick Learn #2
Ever wondered how to make custom fields and use them to conduct your data analysis? Then this training is for you!

Add and Analyze Custom Fields on Procedure Records for PSC and OPC in NHSN – provides the steps on how to add and analyze custom fields on the Procedure form in NHSN

Click, Outpatient Procedure Component Training | NHSN | CDC to view and learn how to create custom fields in the NHSN application and conduct analysis using the custom fields you create.

Please contact NHSNTrain@cdc.gov with any questions regarding NHSN training activities.

NHSN Help Desk Activity Update

Quarter 4, 2021

(Averages)

143 newly enrolled facility this quarter

203.57 Avg. user Inquiries per day

1425 Avg. user inquiries per week (including weekends)

22,373 User inquiries per quarter

NHSN Enrollment Update

NHSN Enrollment Update (as of December 03, 2021):

8,005 Hospitals (this includes 617 Long-term Acute Care Hospitals and 477 Free-standing Inpatient Rehabilitation Facilities)

8,520 Outpatient Hemodialysis Facilities

5,638 Ambulatory Surgery Centers (ASCs)

18,585 Long-term Care Facilities

40,748 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.

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

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