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Reminder! Data for CMS Quality Reporting Programs Due Soon!

The following data must be entered into NHSN by **February 15, 2023**, 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:

2022 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

2022 Quarter 3 (July 1 - September 30) Inpatient COLO and HYST SSI data

2022 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

2022 Quarter 3 (July 1 - September 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:

2022 Quarter 3 (July 1 - September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2022 Quarter 3 (July 1 - September 30) Inpatient COLO and HYST SSI data

2022 Quarter 3 (July 1 - September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

2022 Quarter 3 (July 1 - September 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

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

2022 Quarter 3 (July 1 - September 30) CAUTI data (all bedded inpatient locations)

2022 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

2022 Quarter 3 (July 1 - September 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:

2022 Quarter 3 (July 1 - September 30) CLABSI and CAUTI data (all bedded inpatient locations)

2022 Quarter 3 (July 1 - September 30) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

2022 Quarter 3 (July 1 - September 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

Inpatient Psychiatric Facilities (IPFs) that participate in the Inpatient Psychiatric Facility Quality Reporting Program:

2022 Quarter 3 (July 1 - September 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

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.

Patient Safety, Outpatient Procedure, & Neonatal Components

2023 NHSN Virtual Annual Training Updates

NHSN Training Updates: Mark Your Calendar!

The Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) will hold our **Virtual 2023 Annual NHSN Training: Patient Safety, Outpatient Procedure, and Neonatal Component Healthcare Surveillance and Analytics** on **March 21 – 23, 2023**.

This training is intended for users of the Patient Safety Component, Outpatient Procedure Component, and Neonatal Component in NHSN. The virtual training event will feature live presentations, pre-recorded training videos for self-paced viewing, an introduction of new NHSN Measures, and opportunities for Q&A.

More information, including registration and an agenda, will be provided soon.

We look forward to seeing you virtually at the 2023 NHSN Training!

The NHSN Team

The New 2021 National and State Healthcare-Associated Infections Progress Report

The New 2021 National and State Healthcare-Associated Infections Progress Report Finds Continued Need to Strengthen Resiliency in Infection Prevention Programs.

CDC has released the *2021 National and State Healthcare-Associated Infections (HAI) Progress Report*, showing significant increases between 2020 and 2021 in some HAIs for some healthcare settings, including: a 12% increase in the standardized infection ratio (SIR) for ventilator-associated events (VAEs), 7% increase in central line-associated bloodstream infections (CLABSI), 5% increase in catheter-associated urinary tract infections (CAUTIs), and a 14% increase in hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) for acute care hospitals. While most of the infections tracked in the report for acute care hospitals increased between 2020 and 2021 (figure 1), all 2021 national SIRs except VAEs and MRSA remain below the 2015 baseline SIR of 1, which is used as a reference point for measuring progress, in acute care hospitals (figure 2).

The report includes data from 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 2021, many hospitals continued to face extraordinary challenges 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 2021 contrast to the success in reducing these infections prior to the COVID-19 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 colon surgeries, and *C. difficile* infections.

The 2021 HAI Progress Report also shows progress in reducing some HAIs in other healthcare settings. In LTACHs, significant reductions were seen in laboratory identified MRSA bacteremia and CDI compared with 2020, while no significant changes were observed in the device associated HAIs. In IRFs, significant increase was seen in CAUTI when compared with 2020, while no significant changes were observed in CLABSI, IRF-onset MRSA bacteremia and CDI (figure 1). Compared with the 2015 national baseline SIR of 1, the 2021 LTACH SIRs for all HAIs were significantly lower (figure 2). In IRF, all but CAUTI displayed significant decreases in 2021 SIRs compared with the 2015 baseline SIRs for the same (figure 2).

The 2021 HAI Progress Report highlights the need for healthcare facilities 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, and thus will continue to be a partner with healthcare facilities to achieve this goal.

Read the [full 2021 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.

Figure 1. Changes in the 2021 national healthcare-associated infection (HAI) Standardized Infection Ratios (SIRs), compared to 2020, by facility setting.



















	Acute Care Hospital	Critical Access Hospitals	Inpatient Rehab Facilities	Long-term Acute Care Hospitals
CLABSI	 7%	No Change ¹	No Change ¹	No Change ¹
CAUTI	 5%	No Change ¹	 10%	No Change ¹
VAE	 12%	No Change ¹		No Change ¹
SSI: Colon surgery	No Change ¹	No Change ¹		
SSI: Abdominal hysterectomy	 11%	No Change ¹		
LabID MRSA bacteremia	 14%	No Change ¹	No Change ¹	 21%
LabID CDI	 3%	No Change ¹	No Change ¹	 10%

¹ “No change” signifies that the change in SIR was not statistically significant.

Red upward arrow signifies statistically significant increase.

Green downward arrow signifies statistically significant decrease

Figure 2. Changes in the 2021 national healthcare-associated infection (HAI) Standardized Infection Ratios (SIRs), compared to 2015 baseline SIR of 1, by facility setting.

	Acute Care Hospital	Critical Access Hospitals	Inpatient Rehab Facilities	Long-term Acute Care Hospitals
CLABSI	 8%	No Change ¹	 30%	 25%
CAUTI	 21%	 28%	 9%	 26%
VAE	 46%	 >100%		 44%
SSI: Colon surgery	 17%	No Change ¹		
SSI: Abdominal hysterectomy	No Change ¹	No Change ¹		
LabID MRSA bacteremia	 7%	No Change ¹	 49%	 33%
LabID CDI	 50%	 29%	 19%	 64%

¹ "No change" signifies that the change in SIR was not statistically significant.

Red upward arrow signifies statistically significant increase.

Green downward arrow signifies statistically significant decrease

Updates to the Antimicrobial Resistance & Patient Safety Portal

The [Data Explorer](#), an interactive tool to view data collected from NHSN, is now available in CDC's [Antibiotic Resistance & Patient Safety Portal](#) (AR&PSP). AR&PSP is a free, web-based portal that allows users to dynamically display national- and state-level data collected from NHSN. Using the new Data Explorer feature, users can create custom visualizations using filters and drop-down menus curated around specific data sets available in AR&PSP. Currently, the Data Explorer features NHSN Antibiotic Resistance Data, but more data sets and visualization options are planned to be added in future releases. In addition, the AR&PSP has recently been updated to include antibiotic resistance data from 2020. Please refer to this [Quick Reference Guide](#) for an introduction to navigating the Data Explorer.

2023 Updates

Patient Safety, Outpatient Procedure, and Neonatal Components Protocols and Related Documents

NHSN has posted the following documents to the website for use beginning January 2023:

- 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

These documents are to be used beginning January 1, 2023. Until that time, please continue to use the 2022 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, OPC, and Neonatal Component protocols has also been posted.

Sepsis Questions on Acute Care Hospital Annual Survey

In order to improve our understanding of current hospital-based sepsis practices, the 2022 NHSN Acute Care Hospital Annual survey will include several questions regarding structural approaches to sepsis care. CDC is developing a set of "Core Elements" for sepsis that will offer a set of key structural principles for improving sepsis outcomes for patients in hospitals, which will inform more specific questions on future surveys. The initial questions on the 2022 survey will ask about the following topics:

- Presence and makeup of a committee at your hospital that monitors sepsis care or outcomes.
- Hospital leadership involvement in sepsis structural activities.
- Systematic approaches to sepsis identification or screening.
- Systematic approaches to sepsis management.

AUR Module Updates

Updated AUR Module Protocol

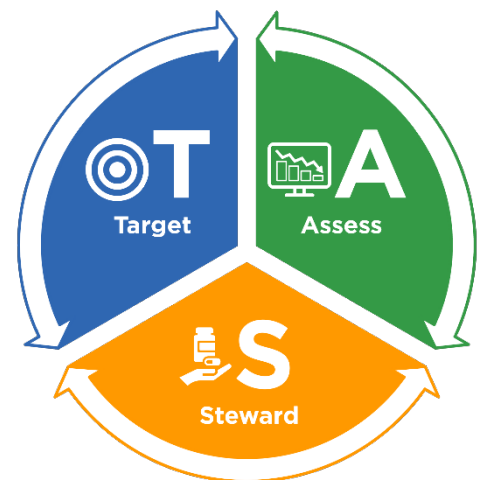
The 2023 AUR Module Protocol will be available soon. The 2023 update includes new sections for AU Targeted Assessment for Stewardship (TAS) and the new AR analysis reports. In addition, the team also clarified many definitions for AR reporting elements as well as the logic for same day duplicates. The 2023 AUR Protocol will be available here: [2022 NHSN AUR Protocol \(cdc.gov\)](#).

Introducing Targeted Assessment for Stewardship (TAS) Reports and Dashboards

We're excited to officially announce the launch of the brand-new Targeted Assessment for Stewardship (TAS) reports and dashboards within NHSN! TAS is a framework for quality improvement developed by CDC to use NHSN AU Option data for action to optimize AU at facilities. TAS uses a metric known as the AU Cumulative Attributable Difference (AU-CAD) to help facilities identify where stewardship efforts may have the greatest impact.

The TAS framework consists of three components:

- 1) **Target** – Run TAS Reports in NHSN to identify facilities, location groups and locations for further assessment using the ranked AU-CAD.
- 2) **Assess** – Utilize assessment tools to identify gaps and opportunities to improve antibiotic use.
- 3) **Steward** – Implement antibiotic stewardship activities to address gaps and opportunities.



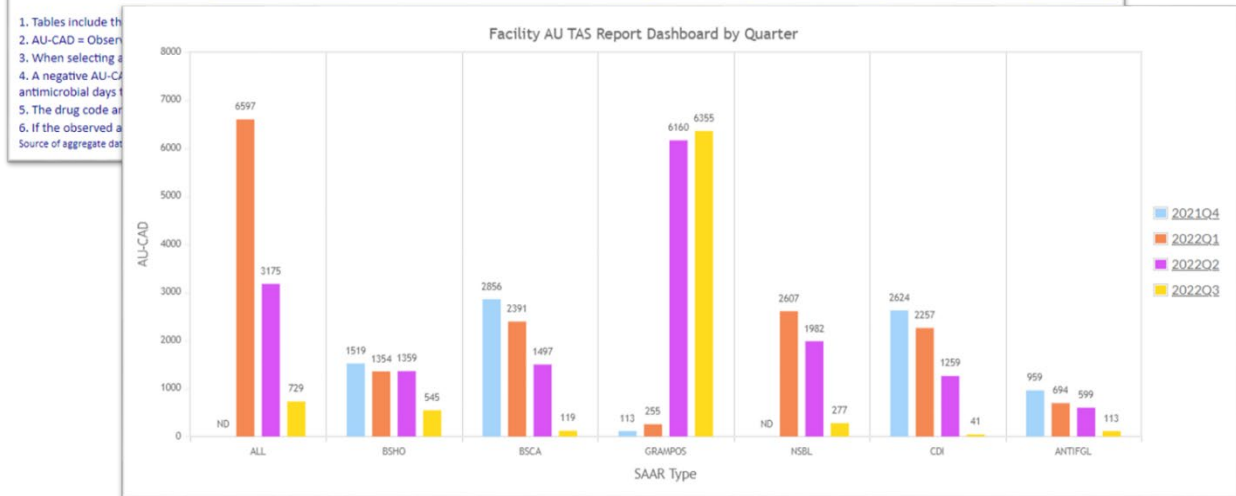
We provided a general overview of TAS during the September 2022 AU Users Call. A [recording](#) of the call and the [slides](#) are available on the [AUR Training webpage](#)

We also developed a [TAS Guide](#) to help explain the TAS framework in detail and walk facilities through the process of setting SAAR targets, running reports/viewing dashboards, assessing use, and implementing stewardship interventions. We encourage facilities and groups to review the TAS Guide before running the TAS reports and viewing the TAS dashboards.

Both facilities and groups have access to TAS Reports and Dashboards. Metrics are available at the group, facility, location group (for example, SAAR ICUs, SAAR Wards), and individual SAAR location level. [Quick reference guides](#) are available to walk you through each type of report and provide examples showing how to interpret the report output.

**National Healthcare Safety Network
TAS Report - Adult SAAR Types - Facility
Adult SAAR Types Ranked by AU-CAD**
Facility Identified SAAR Targets: All antibacterials = (0.32); BSHO = (0); BSCA = (0.05); GramPos = (0.45); NSBL = (0.07); CDI = (0.04); Antifungal = (0.05)
As of: November 14, 2022 at 7:48 PM
Date Range: All AU TAS
if ((population = "ADULT"))

Facility Name	SAARTypeCat	AU-CAD Rank	Facility AU-CAD (Rounded)	Three highest use drugs within SAAR Type (Percentage)	Antimicrobial Days	Predicted Antimicrobial Days	Days Present	Location SAAR	95% Confidence Interval
_CDA_XYZ TEST FACILITY (PROD)	ALL	1	65163	AMOX(36); VANC(35); AZITH(1);	140940	233678.550	321403	0.603	0.600, 0.606
	NSBL	2	57104	AMOX(36); AMOXWC(1); PENQ(1);	59109	27358.298	321403	2.181	2.143, 2.178
	GRAMPOS	3	12843	VANC(83); QUINWQ(2); LINZ(2);	31288	40791.763	321403	0.788	0.759, 0.776
	BSCA	4	5071	CEFTRX(9); CEFPO(8); CEFUR(8);	8911	50603.388	321403	0.169	0.166, 0.173
	CDI	5	5451	CEFTRX(9); CEFEP(9); CEFPO(9);	8005	63852.241	321403	0.125	0.123, 0.128
	BSHO	6	4307	CEFEP(17); MERD(16); IMIPWC(16);	4307	68885.581	321403	0.063	0.061, 0.064
	ANTIFGL	7	2089	ANI(26); CASPO(26); FLUCO(25);	2584	9900.082	321403	0.281	0.251, 0.271

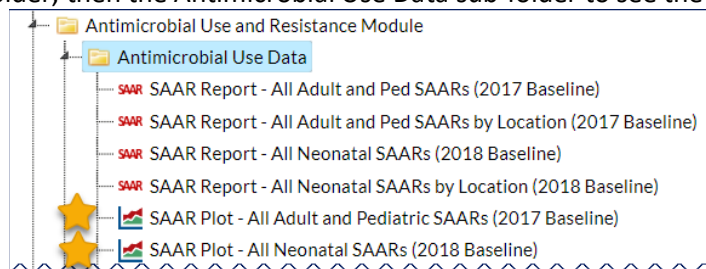


This screenshot shows fictitious data for illustrative purposes only.

We plan to continue to grow our TAS resources. If you have a question that isn't answered in the resources linked above, please send your questions to us at NHSN@cdc.gov.

NEW! AU Option SAAR Plots for Groups

In a recent NHSN release, the NHSN AUR Team rolled out the AU Option Standardized Antimicrobial Administration Ratio (SAAR) Plots to group users. These reports are available for groups where member facilities are submitting AU data into NHSN from adult, pediatric, and neonatal locations. After generating new data sets within NHSN, you can find the new reports by navigating to Analysis then clicking Reports. On the Analysis Reports page, click on the Antimicrobial Use and Resistance Module folder, then the Antimicrobial Use Data sub-folder to see the new reports:



SAAR Plots, produced as HTML output, allow users to display antimicrobial use data (SAARs) over a period of time using dots plotted on a graph. For group users, the SAAR Plots will display group SAARs which are calculated from aggregating member facilities' AU data. Group users can refer to our [AU Option SAAR Plots Quick Reference Guide](#) (QRG) for instructions on how to modify, run, and interpret SAAR Plots as the modification options are the same as the options for facility users.

AU Option 2023 drug logic update

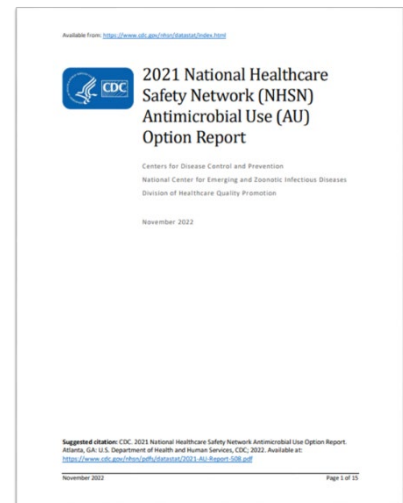
Starting in January 2023, NHSN will change how AU Option files are validated. Beginning with January 2023 records and moving forward, NHSN will validate that all drugs eligible for AU Option reporting are included in the files. Please see the AU - Antimicrobial Agents tab in the [List of Antimicrobial Agents Eligible for AUR Module](#) for a list of required drugs. If you receive errors during the upload process, please work with your vendor to add the required drugs to your 2023 AU Option files.

AR Option specimen source updates

The AUR Team revised the list of accepted AR Option specimen source codes that roll up to the main four specimen sources (urine, lower respiratory, blood, and cerebrospinal fluid) to bring them up to date with current standards. We added over 60 specimen source codes and removed 20 codes. These code updates are effective with specimens collected on January 1, 2023, and forward. You may notice changes to the list of specimen sources you are able to report AR Option data from within your vendor system.

U.S. Antibiotics Awareness Week (USAAW) & 2021 AU Option Data Report

USAAW is an annual observance that raises awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic use. This year, USAAW was November 18-24, 2022.



To celebrate USAAW, the AUR Team published the [2021 AU Option Data Report](#) and associated data tables. The 2021 report, an update to the 2020 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 provide insight into prescribing practices across different patient care locations. This year, the AU Report Data Tables also include SAAR distributions by state.

In addition, the 2021 SAAR distributions have been added to the [CDC's Antibiotic Resistance & Patient Safety Portal](#). The portal highlights national [AU Option data](#) for 2021 including national and state level SAAR distributions.

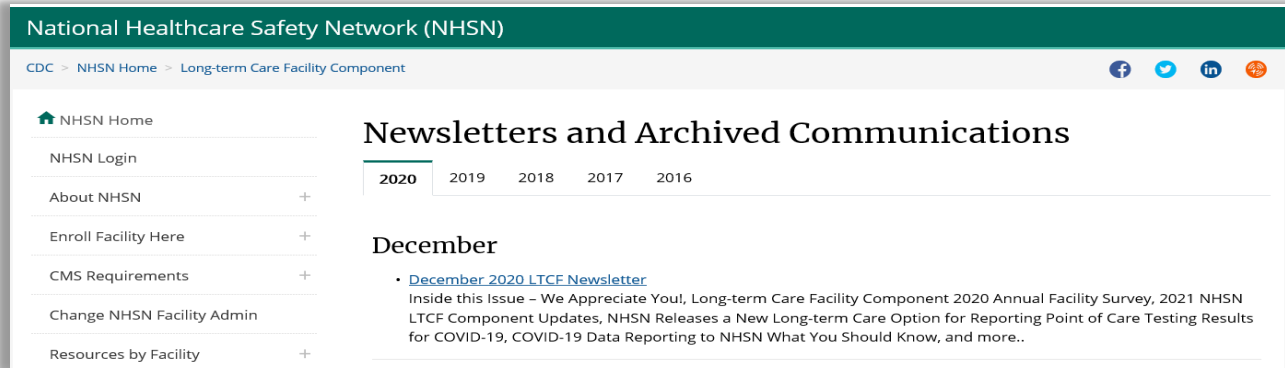


LONG-TERM CARE FACILITY COMPONENT

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

Annual Healthcare Personnel Influenza Vaccination Summary Data: .CSV File Upload

Facilities reporting annual healthcare personnel influenza vaccination summary data currently submit these data directly into the NHSN application through the Healthcare Personnel Safety Component. In addition to this method of submitting data, facilities will now be able to submit these data via .CSV file upload beginning in December 2022. Dialysis and long-term care group and supergroup users can import data on behalf of their member facilities who report through the NHSN Healthcare Personnel Influenza Vaccination Module. Instructions for uploading data, a .CSV file template, and .CSV example file will be posted to the following webpage in mid-December 2022: [HCP Flu Vaccination | HPS | NHSN | CDC](#).

For any questions, please e-mail user support at: nhsn@cdc.gov and include "HPS Flu Summary" in the e-mail subject line, along with your facility type.

DIALYSIS COMPONENT

Mark Your Calendars – Q3 2022 QIP Deadline

The 2022 Quarter 3 deadline (payment year 2024) 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 is **Tuesday, January 3, 2023 at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (July, August, September 2022) of data no later than **January 3, 2023** in order to receive full credit for Quarter 3/2022 reporting and meet requirements for the CMS ESRD QIP.

COVID Reporting Reminder

The NHSN Dialysis Team is extending a gentle reminder to continue submitting your COVID-19 data. Due to the ongoing public health emergency, reporting COVID-19 data serves to meet the Centers for Medicare and Medicaid, End Stage Renal Disease (ESRD) Network requirement for case monitoring and vaccination coverage. Reporting your facility's COVID-19 data helps CDC obtain accurate, representative data for developing effective COVID-19 prevention, detection, and response activities.

We understand that various circumstances arise that may prevent timely reporting. NHSN enables the reporting of data that was missed in prior weeks. Please review your facility's data and provide any missing information.

Thank you for your continued diligence in reporting your facility's COVID-19 data. If you have questions or need support, email the Dialysis team at NHSN@CDC.GOV and place "Dialysis COVID Reporting" in the subject line.

Dialysis Event Form and Summary Data Form Updates

On the Dialysis Event Form the dialyzer reuse question has been removed. This removal will take effect January 1, 2023.

Annual Update for the 2023 Outpatient Dialysis Center Practices Survey and 2023 Home Dialysis Practices Survey

The Dialysis Team has updated the Annual In-center and Home Practice Surveys for CY 2023. Numerous changes will be noted including reorganization of the survey for better flow and clarity, new Race/Ethnicity questions, and reworded questions for clarification. Training webinars will be held to review the changes for 2023.

Announcement Coming Soon

Be on the lookout for an announcement and registration for the upcoming annual update webinars.

GENERAL NHSN INFORMATION

NHSN Vendor Corner

November Vendor Webinar Slides

The November 8 CDA Vendor Webinar has been posted on the [Webinars & Training Videos](#) page. The webinar contained a review of changes occurring in the 2023 NHSN releases that may impact vendors. The next vendor webinar is tentatively planned for Quarter 2, 2023.

Notes on the NHSN Release Schedule

- Release 11.1.0 was deployed on December 10.
- The NPPT site is currently on v11.1.0.3. It's scheduled to be updated to v11.1.0.4 in mid-December.
 - Please send any issues found to NHSNCDA@cdc.gov.

Release 11.1 – CDA Impact

The list below includes CRs currently included in 11.1 which was deployed on December 10, 2022. The 11.1 IDM, CDA Guides, and Impact notes have been posted here: [Implementation Toolkits & Resources | NHSN | CDC](#).

All Components

- 2023 Pathogen Codes Update
 - Previously there was one tab that included both Preferred Pathogens and Synonyms but going forward in 2023 there will be two tabs:
 - Pathogen Codes 2023-Preferred
 - Pathogen Codes 2023-Synonym
- Adding two new fields: "Sex at Birth" and "Gender Identity" (excluding LTC component)
 - Sex at Birth Values
 - M – Male
 - F – Female
 - U – Unknown
 - Gender Identity
 - Male
 - Female
 - Female-to-male transgender
 - Male-to-female transgender
 - Identifies as non-conforming
 - Other
 - Asked but unknown

Patient Safety Component

- The antimicrobial list will be updated for PedVAE within NHSN application.
 - Two drugs will be added directly to the PedVAE dropdown in the UI:
 - MOLNUPIRAVIR
 - NIRMATRELVIR
- The antimicrobial list will be updated within the VAE calculator.
 - Two drugs will be added directly to the VAE calculator dropdown:

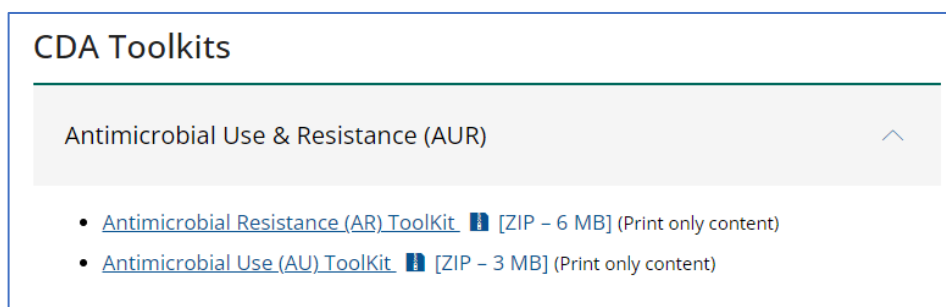
- MOLNUIRAVIR
 - NIRMATRELVIR
- Specific Event-Criteria BRST '3' has been removed as a selection for SSI-BRST entry
- The list of specimens reportable for the AR Option will be updated for specimens collected January 1, 2023 and forward.
- Beginning with January 2023 files, AU Option files will now be validated during upload to confirm all 95 drugs are included in the file.

Long Term Care Facility Component

- NHSN now accepts CDAs for LTCF LabID Events (CDI and MDROs) for manual import only. CDA import for these events is not available for submission via Direct Automation. The CDA documentation for the LTCF LabID Events is posted on the NHSN Resource Website.
 - [CDA Toolkits](#)
 - [Guide to CDA Versions](#)

Updated AUR CDA toolkits

The AU and AR Toolkits were updated in December with the 11.1 release. Both toolkits contain the 11.1 IDM. The only IDM change made for AUR was the update of the eligible specimen sources for AR reporting (see Specimen Source tab). Additionally, the 2023 AR Pathogen Roll-up Workbook is included. The team has also updated the helpful hints documents for both AU and AR. You will find the updated AU and AR Toolkits in the CDA Toolkits page: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>.



AR Option specimen source updates

The AUR Team revised the list of accepted AR Option specimen source codes to bring them up to date with current standards. We added over 60 specimen source codes, removed 20, and aligned less than 5 display name discrepancies between the IDM and Value Set Authority Center (VSAC). The display name changes affect human-readable elements only and do not affect what is accepted by NHSN. These changes are effective with specimens collected on January 1, 2023, and forward. They are reflected in the Specimen Source tab in the IDM in the [11.1 IDM](#).

AU Option 2023 drug logic update

The AUR Team did not add or remove any drugs for 2023 AU Option reporting. Please continue to reference the IDM tab Antimicrobial Ingredients 2022 for 2023 reporting. However, starting in January 2023, NHSN will change how AU Option files are validated. Beginning with January 2023 records and moving forward, NHSN will specifically validate that all drugs in the Antimicrobial Ingredients tab of the IDM are included in the CDA files. There are currently 95 drugs in the Antimicrobial Ingredients 2022 tab so 2023 AU Option CDA files will need to include the exact 95 drugs listed in that IDM tab. Files for summary months January 2023 and forward will fail to upload if they do not contain all 95 drugs.

Updated AUR Module Protocol

The 2023 AUR Module Protocol will be available soon. The 2023 update includes new sections for AU Targeted Assessment for Stewardship (TAS) and the new AR analysis reports. In addition, the team also clarified many definitions for AR reporting elements as well as the logic for same day duplicates as a result of vendor testing of the AR Synthetic Data Set. The 2023 AUR Protocol will be available here: [2022 NHSN AUR Protocol \(cdc.gov\)](https://www.cdc.gov/nhsn/aar/2023-nhsn-aar-protocol/).

AUR Module ineligible locations

A defect within the NHSN application currently allows facilities to report AUR data from certain locations that are not eligible for AUR reporting. A fix for this issue is scheduled for the NHSN 11.2 release. Until then, please ensure that facilities can only report AUR Module data from locations indicated with a “Y” in the AUR column in Location Codes tab in IDM. Of note, none of the locations designated as “Clinic (Nonacute) Settings” are reportable locations for AUR:

Planned Version	Defect CR	CDC Location Label	CDC Location Type	NHSN Healthcare Service	CDC Location Code	Location Description	Summary Data Form Type	Facility type	MDRO Plan & Summary Data Type	VAE	PED VAP	PED VAE	AE	AF	AG											
							Bedsz Reqd	DA-ICU	DA-MICU	DA-SCA	DA-Dial	HOSP-LTAC	HOSP-PEDLTAC	HOSP-ONC	HOSP-PSYCH	HOSP-REHAB	Labi D	INF SURV	HH	GG & AST	No CDI F	AUR	NEO LOSMEN	MS HYPO		
Clinic (Nonacute) Settings																										
186		Allergy Clinic	CLINIC	1110-8	OUT:NONACUTE:CLINIC:ALRG	An outpatient setting for the purpose of providing services to patients with allergies.																				
187		Behavioral Health Clinic	CLINIC	1145-2	OUT:NONACUTE:CLINIC:BEHV	An outpatient setting for the purpose of providing services to patients with psychiatric or behavior disorders.																				
188		Blood Collection Center	CLINIC	1147-8	OUT:NONACUTE:CLINIC:BLD	An outpatient setting where blood is collected from donors. This does not include donation centers temporarily set up in non-clinical settings (e.g., schools, churches) or mobile blood collection centers.																				
189		Cardiac Rehabilitation Center	CLINIC	1112-2	OUT:NONACUTE:CLINIC:CREHAB	An outpatient setting where patients with cardiac disease, in partnership with a multidisciplinary team of health professionals, are encouraged and supported to achieve and maintain optimal physical health through exercise and nutritional and psychosocial.																				
190		Cardiology Clinic	CLINIC	1113-0	OUT:NONACUTE:CLINIC:CAR	An outpatient setting for the evaluation and treatment of patients with cardiac.																				
191		Continence Clinic	CLINIC	1148-6	OUT:NONACUTE:CLINIC:CON	An outpatient setting for the evaluation and treatment of patients with incontinence problems.																				
192																										

Updated AR Option Synthetic Data Set & postponement of validation requirement

The AR Synthetic Data Set is posted on the [SDS Validation website](#).

Please note, the AR Synthetic Data Set validation requirement has been postponed to May 2023. This means that beginning in May 2023, all production AR Event and AR Summary CDA files must contain the SDS Validation ID (provided by the NHSN Team after confirmation of successful validation) and a Vendor (Application) OID. AR CDA files that do not contain this information will be rejected.

If you have questions about the AR SDS or would like to set up a call to discuss the details, please email NHSNCDA@cdc.gov.

COVID-19 Data Uploads

- On December 31, 2022, the TeleTracking contract will expire, and reporting will transition to NHSN. Transition Webpage <https://www.cdc.gov/nhsn/covid19/transition.html>
- COVID-19 Hospital Data reporting is available for the Patient Safety Component. There will be no impact or changes to reporting for the Long Term Care, Dialysis, and Healthcare Personnel Vaccination COVID-19 modules in NHSN. Reporting processes for COVID-19 hospital data will remain the same.
 - NHSN for data submission testing was made available on November 2, 2022.
 - Reporting transition and first day reporting into NHSN will be December 15, 2022.

- COVID-19 Hospital Data Reporting Guidance: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>
- For questions, please send email to NHSN@cdc.gov with Subject line: “COVID-19 Hospital”

CDA Direct Automation

At this time, over 9,500 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](#).

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	June, 2020 - July, 2021	May, 2021 - April, 2022	July, 2021 - June 2022	October 2021 - September 2022
Blood Stream Infection	44%	47%	49%	51%	56%	53%	55%	60%	61%	60%
Urinary Tract Infection	46%	47%	47%	48%	45%	49%	50%	51%	50%	50%
Surgical Site Infection	45%	47%	49%	51%	42%	53%	54%	57%	58%	58%
Laboratory Identified Event	67%	68%	69%	70%	64%	72%	73%	75%	75%	75%
Dialysis Event	77%	77%	77%	76%	74%	74%	74%	73%	72%	73%
Central Line Insertion Practices (CLIP)	25%	26%	28%	30%	23%	32%	34%	38%	37%	33%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	8%	12%	16%	22%	0%	37%	44%	56%	57%	58%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ICU /Other Summary	30%	30%	30%	30%	27%	32%	34%	39%	40%	41%
SCA/ONC Summary	37%	38%	38%	39%	33%	41%	41%	47%	48%	48%
NICU Summary	32%	32%	32%	32%	28%	35%	36%	43%	45%	45%
Surgical Procedure - via CDA	42%	45%	47%	50%	34%	54%	55%	60%	61%	61%
MDRO Summary	9%	10%	10%	11%	8%	12%	13%	18%	20%	20%
Dialysis Summary	62%	62%	63%	66%	56%	66%	68%	67%	67%	66%
Hemovigilance Summary	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Surgical Procedure - via CSV	50%	47%	46%	43%	56%	40%	39%	35%	34%	33%

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 11.1 IDM for vendors 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	2023	2022	2021	2020
CDA Toolkit Release	11.1	10.1	9.5 & 10.0	9.4
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D4	R3-D1.1
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>
- Vendor webinars & training videos: <https://www.cdc.gov/nhsn/cdaportal/webinars.html>

NHSN Help Desk Activity Update

Quarter 4, 2022

(Averages)

- 517 facilities enrolled in NHSN this quarter
- 442- Ambulatory Surgery Centers (ASCs) enrolled this quarter
 - 16,225 – iSupport Tickets this quarter
 - 246 – iSupport Tickets per day
 - 1,352 – iSupport Tickets per week

NHSN Enrollment Update

NHSN Enrollment Update (as of December 16, 2022):

8,032 Hospitals (this includes 620 Long-term Acute Care Hospitals and 501 Free-standing Inpatient Rehabilitation Facilities)

8,601 Outpatient Hemodialysis Facilities

6,435 Ambulatory Surgery Centers (ASCs)

18,619 Long-term Care Facilities

41,687 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.



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