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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

Inside this Issue:

CDC

Patient Safety Component

Attention! New CMS Required Reporting Measure for CY 2024: NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program

In the fall of 2022, CMS published a final rule that moved the AUR Module reporting to a required measure under the Public Health and Clinical Data Exchange objective for calendar year 2024. The AUR Surveillance Reporting measure requires that eligible hospitals and critical access hospitals (CAHs) are 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 if they did not complete Option 1 – Pre-production and Validation. 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.

Note: Hospitals wishing to receive bonus points for the **CY 2023** CMS PI Program under the Public Health Registry measure within the Public Health and Clinical Data Exchange Objective must submit 90 continuous days of AUR data. Both AU and AR data must be submitted for the same 90 days as all CMS PI Program measures for your hospital.

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.

Analysis Updates: Patient Safety Component Analysis Treeview Screen

Recent Changes made to the NHSN :

NHSN updated the Patient Safety analysis treeview in October 2023, as part of the 11.6 NHSN update. Since the release of the new treeview, the NHSN Team would like to share additional guidance, reminders, and updates in response to some recurring questions:

1. Coming soon! New SSI Quick Reference Guide: As part of the treeview updates, the "SSI SIR Report by Surgeon" was removed as a pre-defined SIR Report. The Acute Care Analytics Team is drafting a new Quick Reference Guide (QRG) with step-by-step instructions on calculating an SSI SIR by surgeon; this can be done by downloading the analysis dataset associated with an SSI SIR report, which can be found in either the "HAI Risk Adjusted Measure Reports" or the "CMS Reports" folder. The new QRG will be available on the NHSN QRG webpage in the upcoming weeks. Currently, the variable "surgeonCode" is not available as a Filter variable for the existing SIR reports or custom reports when you modify the SSI SIR reports. Due to this, the NHSN Team is currently exploring alternative methods and next-steps to provide users with options for easily accessing the surgeon-specific SIR data within the application. If further questions arise, please submit them through the Service Now portal with a short description of "SSI SIR by Surgeon Report".

2. Published Report Folder: The NHSN Team has been informed that some users are unable to locate the Published Reports folder within the treeview, impacting their access to published reports and published report sets. Users who have access to published reports should see a folder titled "Published Reports" at the bottom of the restructured treeview menu. The NHSN Team is aware that the "Published Reports" folder is missing for some users, and we are working on a solution to resolve this issue.

3. Data Unchanged: While the organization of the treeview changed, the data included in each analysis report did not change. Only the report names and the report locations changed. For example, in the "CMS Reports" folder, some of the acronyms used in the report titles were updated for consistency purposes, such as the term used to identify a CMS reporting program. The acute care hospital reports in this folder now all refer to the CMS Inpatient Prospective Payment System (IPPS). The data included in these reports have not changed. This is simply a change to the title of the reports.

4. Training Tools: To help clarify these treeview changes, two documents have been posted on the NHSN Patient Safety Analysis Resources webpage. The first resource is a training slide deck that will lead users through the treeview changes and rationale behind these changes. The second document is a Quick Reference Guide of the new treeview, which contains a full list of all current analysis reports and their new location, by folder.

5. Search Box: In addition to using the Quick Reference Guide mentioned above, a search box is located in the NHSN application at the top of the treeview and can be used to locate any report.

If you have any question not addressed in this article, please submit them via the Service Now portal with a short description of "Treeview Question".

AUR Module Updates

New Resources for fulling the AUR Surveillance Measure of the CMS PI Program

As highlighted earlier in the Newsletter Attention! New CMS Required Reporting Measure for CY 2024: NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program, CMS published a final rule in the fall of 2022 that moved the AUR Module reporting to a required measure under the Public Health and Clinical Data Exchange objective for calendar year 2024. This measure requires submission of both AU and AR data.

We've recently posted many new resources in the Antimicrobial Use and Resistance section at the bottom of this page: CMS - ACH Requirements | NHSN | CDC.

Antimicrobial Use and Resistance

Operational Guidance for reporting AUR data – August 2023 [PDF – 239 KB]

AUR Module Reporting for the CMS Promoting Interoperability Program – March 2023

YouTube

Slide set [PDF – 3 MB]

FAQs: AUR Reporting for the CMS Promoting Interoperability Program – October 2023

Promoting Interoperability – Guidance for Facilities – March 2023 [PDF – 250 KB]

Office Hours: AUR Module Reporting for the CMS Promoting Interoperability Program – Fall 2023 [PDF – 715 KB]

Please reach out to NHSN@cdc.gov with questions.

Updated AUR Module Protocol

The 2024 AUR Module Protocol will be available soon. The 2024 update includes minor updates to both AU and AR sections including clarifications on when an encounter begins, counting admissions for AU, the need for discrete data elements when reporting AR Event data among other updates. The 2024 AUR Module Protocol will be available here: NHSN Antimicrobial Use and Resistance (AUR) Module Protocol (cdc.gov).

AUR Reporting Updates for 2024

We plan to make the below updates for 2024 AUR Module reporting. Please stay tuned in the next few weeks for an updated AUR Module Protocol and additional materials detailing these changes.
Note: This list is subject to change based on NHSN priorities.

AU Option
• Addition of three newly FDA-approved agents: nirsevimab, rezafungin and sulbactam/durlobactam
• Removal of two drugs: gemifloxacin, quinupristin/dalfopristin

AR Option
• Pathogen updates:
      o Addition of Citrobacter freundii complex, Citrobacter braakii, and Citrobacter youngae
      o Removal of Lelliottia amnigena (formally Enterobacter amnigenus)
• AR drug panels:
      o Add LOINC terms for high potency gentamicin and streptomycin for Enterococcus (AntiP 23)

New! AR Option SRIR and pSIR Reports

The NHSN AUR Team recently rolled out two new metrics for the AR Option, the Standardized Resistant Infection Ratio (SRIR) and the Pathogen-specific Standardized Infection Ratio (pSIR). The metrics were developed by CDC to enable facilities to compare their rates of hospital-onset drug-resistant infections and hospital-onset culture-positive infections from a specific pathogen, respectively, to a national benchmark. The SRIR can be generated for seven drug-resistant phenotypes from three specimen sources (blood, urine, and lower respiratory), for a total of 21 possible SRIRs. The pSIR can be generated for four pathogens/pathogen groups from three specimen sources (blood, urine, and lower respiratory), for a total of 12 possible pSIRs.

The SRIR and pSIR reports are available for facilities submitting AR Event and AR Summary data into NHSN. After generating 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 Resistance Data sub-folder to see the two new reports. Quick Reference Guides (QRGs) for the SRIR and pSIR Reports are available for users on the NHSN website. Please review these QRGs for instructions on how to modify, run, and interpret the new reports.
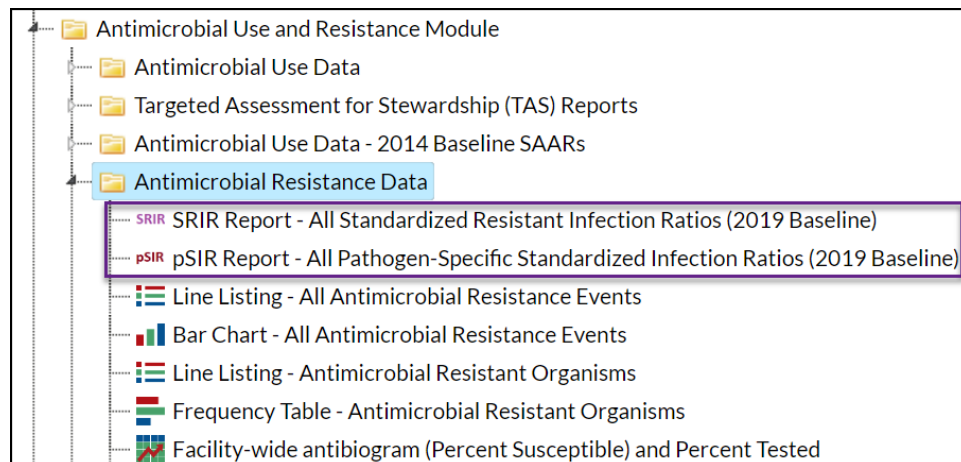
AU Option publications for U.S. Antibiotic Awareness Week (USAAW)

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, 2023. To celebrate USAAW, the NHSN AUR Team published the 2022 AU Option Data Report and updated the data displayed on the Antibiotic Resistance & Patient Safety Portal Inpatient Antibiotic Use webpage.

The 2022 NHSN AU Option Report summarizes Standardized Antimicrobial Administration Ratio (SAAR) distributions and antimicrobial use within each SAAR antimicrobial agent category among adult, pediatric, and neonatal patient care locations. The distributions of SAARs inform stewardship efforts by showing hospitals how their SAARs compare with the national distribution and local, state, and territorial health departments how their SAARs compare with others. The percentage of AU by class and drug within a SAAR antimicrobial agent category provides insight into prescribing practices across different patient care locations. Facilities may evaluate usage patterns in the context of their local treatment guidelines, penicillin allergy algorithms, antimicrobial resistance rates, and formulary. Due to increased participation in the AU Option, the NHSN AUR Team was able to include high-level comparisons of pooled mean SAARs for the neonatal population and location-specific percentiles among pediatric surgical wards for the first time this year.

The World Health Organization (WHO) Expert Committee on Selection and Use of Essential Medicines developed the Access, Watch, Reserve (AWaRe) classification for antimicrobials in 2017 as a tool to support antimicrobial stewardship efforts at local, national, and global levels. AWaRe classifies antimicrobials into three groups according to their indications and effect on antimicrobial resistance to emphasize the importance of appropriate antimicrobial use. The NHSN AUR Team included national unadjusted antimicrobial days within each AWaRe classification in the 2022 AU Option Data Report.

In addition, the NHSN AUR Team added 2022 SAAR distributions to the Antibiotic Resistance & Patient Safety Portal Inpatient Antibiotic Use webpage. The portal highlights national AU Option data for 2022 and allows users to explore and visualize national- and state-level SAAR distributions.

Updates to the Antimicrobial Resistance and Patient Safety Portal

CDC's Antimicrobial Resistance & Patient Safety Portal (AR&PSP) has recently been updated to include antimicrobial resistance (AR) data from HAIs that occurred during 2021. The AR&PSP is an open-access, online portal that allows users to view and interact with NHSN data. Resistance data for 29 AR phenotypes of public health importance are available through the Portal. Additional stratifications and visualizations are available via the Data Explorer, an interactive feature that allows users to create dynamic charts using customizable filters and drop-down menus.

Please refer to this new resource for an overview of NHSN's HAI pathogen and AR data that are now available through the AR&PSP and the recently published HAI Pathogens and Antimicrobial Resistance Report, 2018-2021.

Coming Soon: NHSN for the ASCs Newsletter

Introducing "**NHSN for ASCs,**" a newsletter tailored for Ambulatory Surgery Centers (ASCs), coming December 2023! The quarterly newsletter will feature topics related to the Outpatient Procedure Component and the Healthcare Personnel Safety component for ASCs. ASC users will find help information on protocol updates, analysis reports, news pertaining to vaccination reporting, and more! The move away from the Patient Safety Component Newsletter will allow a dedicated space for ASCs to get vital material from NHSN.

NHSN Education and Training

2024 NHSN Protocol and Training Events

Mark your calendars!

NHSN Protocol and Training Team is excited to continue our Ask the Experts series – Mark your calendars for Jan. 17, 2024 to hear 2024 Protocol Updates and Feb. 21, 2024, to 'Get Annual Training Ready.'
As a reminder, NHSN Protocol and Training Team (PaTT) will be facilitating a 60-minute, monthly education webinar series, "Ask the Expert".
This can be a brief overview of the main topic based on your submitted questions or we may jump right into answering questions. These sessions are used to provide clarity on NHSN Patient Safety Component (PSC) protocols and resources.
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.
These Q & A sessions will be conducted on the 2nd or 3rd Wednesday of the month at 2:00 pm eastern standard time and will address a different topic each month. The registration information will be emailed prior to each session.

Protocol and Training Team 2024 Live Training Engagements

Along with our Ask the Experts Series, you also will have the opportunity to attend other Protocol and Training Team Training Events in 2024. Here's a list of other events.

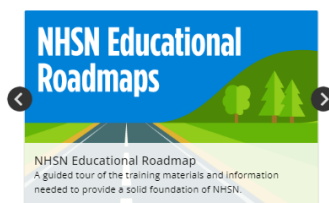| Month/Date	Training Event
March 18-22, 2024	NHSN Annual Training (Virtual)
April 16-19, 2024	Society for Healthcare Epidemiology of America (SHEA) (In-person)
June 3-5, 2024	Association for Professionals in Infection Control and Epidemiology (APIC) (In-person)

Training Resources

Visit our training website!

NHSN provides component specific, self-paced training videos and Quick Learns to provide additional guidance and support. Our Quick Learns, short and laser-focused, one topic trainings, include topics like Patient Safety Component Location Mapping, Denominator Device Day, Central Line Day Counts for Device Attribution, and Analysis topics like How to Add and Analyze Custom Procedure and Events. You can access all trainings and more by visiting https://www.cdc.gov/nhsn/training/index.html

We look forward to supporting you!

NHSN PaTT and Health Education Teams

HEALTHCARE PERSONNEL SAFETY COMPONENT

Person-Level Vaccination Forms for HPS Component

The optional Person-Level COVID-19 Vaccination Form became available to NHSN Healthcare Personnel Safety (HPS) component users in September 2023. This form is an improved version of the Excel Data Tracking Worksheet that is no longer supported by NHSN. The Person-Level COVID-19 Vaccination Form is available in the NHSN application under the Healthcare Personnel Safety (HPS) component. To access the form, navigate to the COVID-19 tab on the NHSN homepage and select the Person-Level COVID-19 Vaccination Form for HCP.

Please note that there are no changes to the reporting requirements, and facilities should continue to report COVID-19 vaccination data in NHSN. COVID-19 vaccination data can be entered into the NHSN HPS component one of three ways. The options include entering summary data directly into the COVID-19 Vaccination Module, using .CSV file upload into the COVID-19 Vaccination Module, or by using the Person-Level COVID-19 Vaccination Form. The Person-Level COVID-19 Vaccination Form can be inputted directly into the module or uploaded by using a specific Person Level CSV file. Once all HCP data are entered in the Person-Level COVID-19 vaccination form, click the **View Reporting Summary & Submit** button to review the summary counts the application calculated. Click **Save**. Next, you can review the **Vaccination Summary** tab to confirm that data are entered for all weeks and location types reported are highlighted green.

Assisting facilities in organizing and managing HCP COVID-19 vaccination data is one of the many advantages to using the Person-Level COVID-19 Vaccination Form. The NHSN Person-Level application also enters, calculates, and submits weekly totals to the COVID-19 Vaccination Module when all COVID-19 vaccination data are entered. Additionally, the application automatically applies the up to date definition based on the vaccine information entered and the reporting week.

The NHSN Vaccination Team hosted training webinars that focused on the Person-Level COVID-19 Vaccination Form. The slides from the webinar and Person-Level resources are available on the Weekly HCP COVID-19 Vaccination webpage: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/

NHSN Fall 2023 Up to Date Definition: Quarter 4 of 2023

Fall 2023 brought a change to the Up to Date COVID-19 vaccination definition. CDC appreciates all facilities and their efforts in collecting and submitting their COVID-19 vaccination data on individuals who are up to date with COVID-19 vaccines because it provides understanding regarding vaccination coverage across different facility types and populations. Starting the week of September 25, 2023, **individuals should only be counted as up to date if they received a 2023-2024 updated COVID-19 vaccine (or if they received a bivalent vaccine in the past 2 months).** Only individuals who meet this definition should be counted in Question #4 of the HCP Weekly COVID-19 Vaccination Form and Question #2 of the LTC Resident Weekly COVID-19 Vaccination Form.

NHSN sent data quality outreach e-mails to facilities who have reported significantly high numbers of individuals as being up to date. Please remember that if individuals do not meet the current up to date definition, **to adjust your recent weekly counts for Question #4 in the** HCP Weekly COVID-19 Vaccination Form **and Question #2 in the** LTC Resident Weekly COVID-19 Vaccination Form. For more information on who is considered up to date with COVID-19 vaccination, please refer to the key terms document.:
COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination (cdc.gov)

We would like to provide a friendly reminder that annual influenza vaccination data reporting among healthcare personnel (HCP) is required of CMS-certified free-standing acute care facilities, inpatient rehabilitation facilities (IRFs), critical access hospitals, long-term acute care facilities, prospective payment system (PPS)-exempt cancer hospitals, and skilled nursing facilities (SNFs).

Additionally, IRF units with a unique CCN that are located within acute care facilities, long-term acute care facilities, critical access hospitals, and inpatient psychiatric facilities are required to report annual HCP influenza vaccination data through NHSN.

Facilities are required to submit **one report** at the end of the influenza season that covers **the entire season from October 1, 2023 - March 31, 2024. The deadline for reporting is May 15, 2024.**

These data are reported in the Healthcare Personnel Safety (HPS) Component of NHSN. Activating the HPS component is necessary for facilities currently enrolled in another component. However, only an NHSN Facility Administrator can activate a new component. **To activate the component, the NHSN FA will log in to the LTC component (if a LTCF) or the HPS component (if a non-LTCF) and navigate to Facility > Add/Edit Component.**
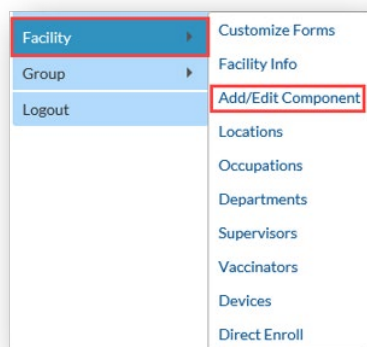
Scroll to **"Components followed"** and check the box next to Healthcare Personnel Safety. An alert will pop-up indicating you must first define the primary contact for this component. Select **"OK"** and enter the contact information on the next page for HPS primary contact. Please note that this can be an existing NHSN user. After submitting and updating this information, the Facility Administrator (FA) must return to the NHSN homepage and log into the HPS component to accept the agreement to participate and consent. Make sure to scroll to the bottom of the page.

If you have questions about reporting these data, please refer to the training slides for Influenza below:

Healthcare Personnel Safety Component Healthcare Personnel Vaccination Module Influenza Vaccination Summary Long-Term Care Facilities (cdc.gov) https://www.cdc.gov/nhsn/pdfs/training/hcp/reporting-weekly-flu-data-for-dialysis-508.pdf

We appreciate your efforts to report these critical data accurately and completely. If you have any questions or concerns, **use NHSN ServiceNow portal to submit questions to the NHSN Help Desk.**

DIALYSIS COMPONENT

Mark Your Calendars – Q3 2023 QIP Deadline Approaching

The 2023 Quarter 3 deadline (payment year 2025) 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 Tuesday, January 2, 2024 at 11:59 PM PT. Facilities reporting to NHSN should report all three months (July, August, September 2023) of data no later than January 2, 2024, in order to receive full credit for Q3 2023 reporting and meet requirements for the CMS ESRD QIP.

BIOVIGILANCE COMPONENT

NHSN Hemovigilance Module Updates

In compliance with NHSN's portion of the Clean State Project, select webpages are being modified to reduce the repetition of information while improving the overall appearance and content verbiage. The NHSN Biovigilance Component Set-up webpage will be condensed and added to the "Enroll Facility Here" tab (https://www.cdc.gov/nhsn/enrollment/index.html). The Hemovigilance Module Webinar Registration webpage will be removed and redirected to NHSN's Blood Safety webpage (https://www.cdc.gov/nhsn/biovigilance/blood-safety/index.html).

NHSN Blood Safety Website Update
> **NHSN Change Requests**

The NHSN Biovigilance- Hemovigilance team is currently modifying the Monthly Denominators form to include Pathogen Reduced Cryoprecipaitated Fibrinogen Complex data.
> **NHSN Hemovigilance Training**

Coming in early 2024, several new and updated trainings will be available on the NHSN Blood Safety Surveillance website. New guidance for the Monthly Reporting Form regarding cryoprecipitate data and the Denominator Form regarding discarded blood units will also be available, as well as annotated forms with variables names for each question.
> **Upcoming Webinar**

A Hemovigilance Reporting Basics webinar will be held (tentatively planned for early 2024) for all NHSN users. The webinar will include a complete introduction to the NHSN Hemovigilance Module reporting requirements, including documents and forms, data sharing features, and the reporting timeline. Participants will have an opportunity to meet the CDC Hemovigilance team and ask questions following the presentation. All NHSN-BV users will receive an email with more details, including a link to the webinar registration page in the coming weeks. Users can also check the NHSN Blood Safety Website for the registration page and more information. Continuing education credit will be available for the webinar.
> **Hemovigilance Module Form Updates**

The Monthly Denominator form will be updated to include Pathogen Reduced Cryoprecipitated Fibrinogen Complex data. Additionally, the component code section has updated the International Society of Blood Transfusion (ISBT) code database within the NHSN adverse reaction form.

Closing out data

As 2023 comes to an end, CDC reminds facilities to begin addressing any missing data for the year. Check the alerts on the Biovigilance Component home screen to see what data is missing. Please send questions and feedback to nhsn@cdc.gov and include "Biovigilance" in the subject line for the fastest response.

GENERAL NHSN INFORMATION

NHSN VENDOR CORNER

Notes on the NHSN Release Schedule

- Release 11.5.0 was deployed to production on 09/09/23
- Release 11.6.0 was deployed to production on 10/21/23
- Release 12.0.0 was deployed to production on 12/16/23
- Release 12.1.0 is scheduled to be deployed on 04/13/24
- The NPPT site is currently on v12.0.0.3. The date for testing changes effective for 01/01/2024 has been set as 10/01/2023. (i.e. Oct 1, 2023 would represent Jan 1, 2024)
    - Please send any issues found to NHSNCDA@cdc.gov.

Release 11.5 – CDA Impact

The list below includes changes with impact to vendors in release 11.5 which was deployed on September 9th.

Long Term Care Component

- NHSN implemented the ability to accept CDAs for Denominator for LTCF LabID Reporting with support for both Manual Import and Direct Automation using R1-D1.1 IG version.
- This implementation will be effective January 1, 2024.
- Documentation has been posted on the Toolkits Webpage.

Release 11.6 – CDA Impact

The list below includes changes with impact to vendors in release 11.6 which was deployed on October 21st.

Long Term Care Component

- NHSN implemented the ability to accept CDAs for LabID Events for Direct Automation using R1-D1.1 IG version.
- NHSN implemented the R4-D2 IG – Patient Safety: MDRO Summary for FACWIDEIN. This version includes new observation sections to provide responses to Inpatient Psychiatric Facility (IPF)/Inpatient Rehabilitation Facility (IRF) questions required for CMS reporting.
- This implementation will be effective January 1, 2024.
- Documentation has posted on the Toolkits Webpage.

Release 12.0 – CDA Impact

The IDM 12.0 for Vendors, CDA 12.0 Impact Notes and CDA 12.0 Guides are now available on the NHSN Website under the Release 12.0 - January 2024 toolkit section.

The list below includes the changes with impact to vendors included in 12.0 which was deployed on December 16.

All Components

- 2024 Pathogen Code Updates

- There are major changes for Pathogen Codes 2024. Synonyms (column header: Term Type = S) will no longer be maintained in the IDM (i.e., all existing synonyms will be marked I for inactive in the IDM). **Synonyms will no longer be displayed in the application drop-down list**.
- Instead, an interactive web-based browser is being configured to enable NHSN users to identify any synonym in SNOMED CT (U.S. Edition 2022-09) for the 2,278 active concepts in our Pathogen Codes 2024 resource. A training tutorial will be provided in December 2023.
- A supplemental terminology artifact will also be provided that lists all synonyms associated with the 2,278 SNOMED CT terms in Pathogen Codes 2024. This resource will be a companion file to the IDM.
- **Note for 2025:** The NHSN display name, column header: Description for Drop-down in App, will be identical to the SNOMED CT Preferred Term.

Biovigilance Component
- Annual ISBT 128 Update for 2023

Dialysis Component
- Change for Dialysis Event Surveillance form to remove "Patient's dialyzer is reused" question for events dated 1/1/2024 and forward for manual data entry only. This field can continue to be sent via CDA but will not be displayed on the form in the NHSN Application. Removal from CDA will come in a later release.
- Change for Denominator for Outpatient Dialysis Surveillance - Census form to remove "Number of these patients for whom dialyzers are reused" question for summaries dated 1/1/2024 and forward. This field can continue to be sent via CDA but will not be displayed on the form in the NHSN Application. Removal from CDA will come in a later release.

Patient Safety Component
- 2023 Annual Procedure Codes: ICD-10/CPT Updates
- AU Option: Adding nirsevimab, rezafungin, sulbactam/durlobactam, and removing gemifloxacin, quinupristin/dalfopristin
- AR Option:
  - Pathogen updates:
    - Addition of *Citrobacter freundii* complex, *Citrobacter braakii ,* and *Citrobacter youngae*
    - Removal of *Lelliottia amnigena* (formally *Enterobacter amnigenus*)

  - Drug Panel updates:
    - Add LOINC terms for high potency gentamicin and streptomycin for *Enterococcus* (AntiP 23)

Release 12.1 – CDA Impact
The list below includes the changes with impact to vendors currently slated for 12.1 which is planned for April 2024.
Biovigilance Component
- Adding Pathogen Reduces Cryoprecipitate Fibrinogen Complex to Monthly Denominators

Coming Later in 2024 – CDA Impact
The list below includes the changes with impact to vendors coming later in 2024.
All Components
Starting in 2024, NHSN will be deploying CDA updates in the NPPT environment with the different releases to give the vendors time to develop and test throughout the year. However, the effective date in production will be January 1, 2025.

NHSN will be implementing CDA R4-D2.2 IG version throughout 2024 for All HAI Person-level events. This IG version will include changes to support the new gender identity and sex at birth fields, ability to send multiple races and enforcing race and ethnicity fields as required. The CDA Toolkit for CDA R4-D2.2 IG version will be available for implementers by April 2024.

- Gender Identity and Sex at Birth fields will not be available to send in CDA for 2024. Gender Identity and Sex at Birth fields will be available and required in CDA, effective January 1, 2025.
  - These changes will impact All HAI Person-level events and require moving to CDA R4-D2.2 IG version for all event types.
    - Dialysis
      - Evidence of Infection (EOI)
    - Neonatal
      - Late Onset Sepsis/Meningitis Denominator (LOS/Men Denom)
      - Late Onset Sepsis/Meningitis Event (LOS)
    - Patient Safety
      - Antimicrobial Resistance Option (ARO)
      - Bloodstream Infection (BSI)
      - Central-Line Insertion Practice (CLIP)
      - Laboratory-Identified Organism (LIO)
      - Procedure Denominator
      - Surgical Site Infection (SSI)
      - Urinary Tract Infection (UTI)
      - Ventilator Associated Event (VAE)

Long Term Care Component
- AU Module for the LTC Component (CDA Manual and Direct Import only). Manual data entry will not be available for the LTC-AU Module.
- NHSN will implement new IG version R1-D1.2 for LTC Laboratory-identified (LabID) MDRO or CDI Event

Patient Safety Component

- NHSN is planning to implement CDA R4-D2.2 IG version for the following Summary Reports
  - Prevention Process and Outcome Measures (POM) Summary Report (aka MDRO) Reporting for FACWIDEIN, FACWIDEOUT and Facility locations
  - Antimicrobial Resistance Option (ARO) Summary
  - Antimicrobial Use (AUP) Summary

Dialysis Component
- NHSN is planning to implement CDA R4-D2.2 IG version for Denominators for Outpatient Dialysis. The "Number of these patients for whom dialyzers are reused" field has been removed in this CDA version.

Updated AUR Module Protocol
The 2024 AUR Module Protocol will be available soon. The 2024 update includes minor updates to both AU and AR sections including clarifications on when an encounter begins, counting admissions for AU, the need for discrete data elements when reporting AR Event data among other updates. The 2024 AUR Module Protocol will be available here: NHSN Antimicrobial Use and Resistance (AUR) Module Protocol (cdc.gov).

Updated AUR Toolkits

The AU and AR Toolkits were updated in December with the 12.0 release. Both toolkits contain the 12.0 IDM with changes outlined in the 12.0 updates section. Additionally, the 2024 AR Pathogen Roll-up Workbook is included. Updated 2024 sample AU and AR .xml files are included in the toolkit. 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.

AU Option SDS Update

We plan to update to the AU SDS from dates in 2019 to dates in 2023 with AU SDS Version 5.0. This update will reflect current 2023 required drugs and drug codes. We will also update the admissions counting logic to match AR SDS and the AUR Module protocol. Vendors will be expected to revalidate their AU SDS prior to January, 2025. More information to come.

AR Option SDS Reminder

Friendly reminder that the AR SDS validation process is well underway with many vendors successfully validating their software. As a reminder, vendors must complete validation prior to being able to submit data for May 2023. Specifically, 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 any questions about the AR SDS or would like to set up a call to discuss the details, please email NHSNCDA@cdc.gov.

September 2023 Vendor Webinar

The Fall Vendor Webinar was September 11, 2023. This webinar contained 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.

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	12.0	11.1	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/c16daportal/webinars.html

NHSN Service Now Update

Quarter 4, 2023

(Averages)

- 116 new facilities enrolled in NHSN this quarter
- 48 - Ambulatory Surgery Centers (ASCs) enrolled this quarter
- 14,613 –Tickets/Cases this quarter
- 13,680 – Tickets/Cases closed this quarter
- 1,218 – Avg. number of weekly Tickets/Cases per week

NHSN Enrollment Update

NHSN Enrollment Update (as of December 12, 2023):

8,422 Hospitals (this includes 633 Long-term Acute Care Hospitals and 567 Free-standing Inpatient Rehabilitation Facilities)

8,688 Outpatient Hemodialysis Facilities

6,872 Ambulatory Surgery Centers (ASCs)

18,719 Long-term Care Facilities

42,701 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