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Patient Safety Component

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

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

Facilities can be in active engagement in two ways:

Option 1 – Pre-production and Validation

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

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

Option 2 – Validated Data Production

Eligible hospitals and CAHs must register intent to submit AUR data within NHSN (if they did not complete registration as part of Option 1 – Pre-production and Validation) and submit production data to NHSN. CMS defines production data as data generated through clinical processes involving patient care. This is different from “test data,” which is submitted for the purpose of testing and validation. **For CY 2024 the EHR reporting period is a minimum of 180 days, thus eligible hospitals and CAHs must submit 180 continuous days of AUR data.** Those 180 days must be the same for all CMS Promoting Interoperability Program measures for your hospital. Keep in mind, too, that you must report the same 180 days of AU and AR data as they are considered a single measure for the CMS PI Program.

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

Protocol Updates

NHSN to Develop an Abridged Language List to Support EHR



Language and interpreter use are data fields that are not currently included in the NHSN application. The lack of these data limits the understanding of connections of inadequate health communication and healthcare-associated infections in persons who speak languages other than English (LOE) and need interpretation of medical information.

In order to advance the understanding of the impacts and interactions of these factors, the NHSN Team has prioritized the systematic requirement of preferred language(s) spoken by patients, need for and use of medical interpreter services. The following steps to improve the collection of these data have been taken.

- First, NHSN is currently working towards standardizing the value set for reporting language by suggesting the use of standard ISO 639 (2, 3) codes for living languages through the HL7 balloting process. Vendors would be asked to provide this master list of over 8000 languages to all hospital systems to use as multi-select options.
- Second, from this master list, NHSN has compiled an abridged list of over 300 languages that hospital systems may choose to use. The NHSN abridged list is not meant to be exhaustive, exclusionary, or imply the importance of any groups of language speakers over others. The list provides common languages spoken in US subpopulations, and only includes languages spoken where English fluency cannot be presumed.
- Third, NHSN is recommending that hospital systems add other languages to this list, using the ISO 639 master list, based on local geographic language needs.

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

NHSN Nurse Staffing Hours Indicator



The NHSN has added the Nurse Staffing Indicator, Nursing Hours per Patient Day (NHPPD), to the Patient Safety Component. Acute care facilities enrolled in the Patient Safety Component may voluntarily report nurse staffing hours worked by registered nurses (RN), licensed practical/vocational nurses (LPN/LVN), as well as unlicensed assistive personnel (UAP), performing direct patient care activities on patients in critical care (CC) units/locations. Data collected using the Nurse Staffing Indicator may be used by facilities to assess nursing staffing trends and correlation to patient safety and care quality indicators.

Reporting Details

Acute care facilities enrolled in the NHSN Patient Safety Component may report nurse staffing hours performed in their critical care units/locations. Each critical care unit/location where hours are reported must be “mapped” (identified) in NHSN as locationType = ‘CC’.

The NHSN Nurse Staffing Hours Indicator is based on the National Database of Nursing Quality Indicators® Nursing Care Hours Indicator collected by Press Ganey and includes many of the same elements.

Indicator Details

The primary metric for the Nurse Staffing Indicator is NHPPD.

Numerator: Sum of the total direct patient care nursing hours worked by ALL nursing staff (RNs, LPN/LVN, and UAPs) with direct patient care responsibilities for each critical care unit/location during the calendar month. Direct patient care responsibilities must be >50% of the assigned shift.

Denominator: Total number of patient days for each critical care unit/location during the calendar month.

Patient days must be from the same critical care unit/location in which the total number of RNs, LPN/LVN and UAPs hours are reported. Patient day counts reported for Device-associated Modules for the same critical care unit/location must match those reported for Nursing Hours per Patient Day.

Nurse staffing hours and patient day counts may be reported manually or uploaded via comma-separated values (.csv) template into the Monthly Survey. If patient day counts are reported for device-associated modules (Summary Data), these counts will auto-populate in the Monthly Survey.

More information regarding the NHSN Nurse Staffing Hours Indicator can be accessed at

<https://www.cdc.gov/nhsn/psc/nshi/index.html>.

The NHSN Nurse Staffing Hours Indicator Protocol can be assessed at <https://www.cdc.gov/nhsn/psc/nshi/Nurse-Staffing-Indicator-Protocol508c.pdf>.

NHSN SSI Operative Procedure Code List Updates

The Centers for Medicare & Medicaid Services implemented several new procedure codes into the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), effective April 01, 2024. The following codes will be added to the NHSN SSI operative procedure code list in the June 29, 2024, release. **Procedures performed on or after April 01, 2024**, and assigned one of these procedure codes should be included in SSI surveillance starting April 01, 2024.

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
APPY	0DBJ4ZG	Excision of Appendix, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
APPY	0DTJ4ZG	Resection of Appendix, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FB04ZG	Excision of Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FB14ZG	Excision of Right Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FB24ZG	Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FBG4ZG	Excision of Pancreas, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FT04ZG	Resection of Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FT14ZG	Resection of Right Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FT24ZG	Resection of Left Lobe Liver, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
BILI	0FTG4ZG	Resection of Pancreas, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
CHOL	0FT44ZG	Resection of Gallbladder, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	0DBF4ZG	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	0DBG4ZG	Excision of Left Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	0DBL4ZG	Excision of Transverse Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	0DBM4ZG	Excision of Descending Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	0DBN4ZG	Excision of Sigmoid Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD

COLO	ODTF4ZG	Resection of Right Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	ODTG4ZG	Resection of Left Large Intestine, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	ODRL4ZG	Resection of Transverse Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	ODTM4ZG	Resection of Descending Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
COLO	ODTN4ZG	Resection of Sigmoid Colon, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
NEPH	OTT04ZG	Resection of Right Kidney, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
NEPH	OTT14ZG	Resection of Left Kidney, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
NEPH	OTT24ZG	Resection of Bilateral Kidneys, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
SPLE	07TP4ZG	Resection of Spleen, Percutaneous Endoscopic Approach, Hand-Assisted	ADD
THOR	ODXU0ZV	Transfer Omentum to Thoracic Region, Open Approach	ADD
THOR	ODXU4ZV	Transfer Omentum to Thoracic Region, Percutaneous Endoscopic Approach	ADD
XLAP	ODXU0ZW	Transfer Omentum to Abdominal Region, Open Approach	ADD
XLAP	ODXU4ZW	Transfer Omentum to Abdominal Region, Percutaneous Endoscopic Approach	ADD

AUR Module Updates

AUR Training Roadmap Refreshed

Check out the updates we made to the [AUR Training Roadmap](#). This page is a great starting place for those that are new to the module and looking for a training plan.

CMS PI Program Frequently Asked Questions

Here are some common questions we receive from hospitals via the NHSN Helpdesk along with their answers. The complete list of FAQs related to the CMS PI Program can be found here: [FAQs: AUR Reporting for the CMS Promoting Interoperability Program | NHSN | CDC](#).

Is my facility required to send test AUR CDA files to attest to Option 1?

No. CMS clarified earlier this year that in order to attest to Option 1 – Pre-production and Validation, facilities must [complete registration of intent to submit AUR data](#) and then be working towards producing test files. Facilities do not need to complete the test file process within CY 2024.

How much test data is needed in order to complete the test file step?

Facilities sending test files for validation should send only one file of each file type: AU summary, AR summary and AR event. Ideally these files would contain test (fake) data.

What if my vendor does not/cannot produce test files with fake data?

If you're unable to send files containing fake data, you can send files with production (real) data. However, because the AR event file contains patient information, you'll need to send the files securely. The NHSNCDA Helpdesk can open secure files from certain secure email systems. If we're unable to open your email, we'll reach out and provide you with an alternative route to securely send your files.

New! NHSN Group Report: AUR Reporting Status for the CMS Promoting Interoperability Program

Last month NHSN released a new report available within NHSN Groups that enables groups to keep track of AUR reporting status of the hospitals in the group by showing the date the facility registered intent to submit AUR data for the CMS Promoting Interoperability (PI) Program as well a Yes/No for whether the facility submitted AU and AR data for a given month. NHSN Groups (for example, state health departments) can use this function to know where their member hospitals are in the process of AUR reporting for meeting the requirements of the CMS PI Program.

Important points about the new report:

- Only available at the group level
- Only available if your group template includes rights to AUR Module data
- Includes facilities within your NHSN Group
- Facilities will not appear on the report until after they've completed the AUR PI Program registration of intent to submit
- Report does not reflect whether the facility submitted AUR CDA test files for NHSN validation
- A "YES" is displayed in the report if the facility submitted data for the month and/or clicked the "Report No Events" box for the AR Option.

To find the new report after logging into NHSN, make sure to first generate new data sets.

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- Once the data sets have finished generating, click Analysis then Reports on the left navigation bar.
 - Click Supplemental Reports then click Facility-level data.
 - The new line listing will appear as the second item on the list: Line Listing – AUR CMS Promoting Interoperability (PI) Program Status.
 - Click Run to see the report in an HTML window.
 - To Export Data Set to export the data into Excel, SAS, etc.,

Data Quality Outreach

AR Outreach

The AUR Team reviewed AR Option data for data quality purposes and discovered some facilities reporting low hospital admissions for specific AR pathogens identified in blood specimens collected in outpatient locations (*i.e.*, Emergency Department [ED], Pediatric ED, and/or 24-hour Observation Area) in 2023. Facilities with this data quality concern have received their notifications and are asked to reply no later than June 28.

As a reminder, facilities can review the “Admit status” variable at any time by following the steps below:

1. Modify the [Line Listing – Antimicrobial Resistant Organisms report](#) with the following modifications:
 - a. Click the “Show descriptive variable names” check box at the upper left
 - b. Filters tab: Leave the existing filter for Resistant Organism and add filters for:
 - i. Specimen Group equal Blood
 - ii. CDC Location in 24-Hour Observation Area, Emergency Department, Pediatric Emergency Department
 - c. Display Variables tab: In addition to default selected variables, include “Was patient admitted to an inpatient location during this encounter” and “Resistant Organism”
2. Click “Export...”
3. Ensure .csv and “Export Analysis Data Set using Modifications” are selected
4. Click “Export”
5. Compare the line list to the Electronic Health Record (EHR) to determine if admission status was correctly captured for each event

The [AUR Module protocol](#) details how Admission Status should be reported on page 66.

AU Outreach

The AUR Team conducted an AU data quality evaluation and outreach for the following two purposes: 1) updating the risk adjustment models for the Standardized Antimicrobial Administration Ratios (SAARs) using 2023 data as the new baseline and 2) developing the 2023 AU Option Data Report. A number of issues were identified as items needing to be confirmed or corrected in order to include those facilities’ data in the SAAR rebaseline models and/or the 2023 AU Option Data Report. The items included issues with the AU Option data, NHSN location mapping and NHSN Annual Hospital Survey responses. Facilities with these data quality concerns have received their notifications and are asked to reply and correct the issue (if needed) no later than June 30.

As a reminder, we encourage facilities to routinely check their AU data by running the [AU Option DQ Line List](#) within NHSN. Facilities looking for a more in depth evaluation of their data can use the [Annual AU Data Validation Protocol](#).

AUR related sessions at the 2024 Council of State and Territorial Epidemiologists (CSTE) Annual Conference

The NHS AUR Team will be presenting at this year's CSTE Annual Conference held in Pittsburgh, Pennsylvania from June 9-12. We hope to see you there!

- Sunday, June 9: Harnessing Data to Combat Antimicrobial Resistance presented and discussed during the Healthcare Associated Infections (HAI) and Antimicrobial Resistance (HAI/AR) Workshop
- Wednesday, June 12: Required Reporting into the National Healthcare Safety Network's (NHSN) Antimicrobial Use and Resistance (AUR) Module—How Can We Help Hospitals Report These Data?

New: SRIR and pSIR Guide Posted

The NHSN AUR Team recently posted the AR Option Standardized Resistant Infection Ratio (SRIR) and Pathogen-specific Standardized Infection Ratio (pSIR) Guide: <https://www.cdc.gov/nhsn/pdfs/SRIR-and-pSIR-guide-2024-508.pdf>. This document serves as guidance for hospitals, health systems, and health departments interested in monitoring AR and understanding what the SRIR and pSIR metrics are, how NHSN develops SRIRs and pSIRs, and how they can use the SRIR and pSIR for intervention.

Rebaseline Updates

NHSN is continuing work on the 2022 HAI Rebaseline with plans to release the first group of new SIR reports into the NHSN application later this summer. In addition, we are excited to announce new training resources for the Rebaseline:

- If you missed the 2022 HAI Rebaseline presentation during NHSN's 2024 Annual Training, the presentation was recorded and is now available as an on-demand [video recording](#) and [slide deck](#)

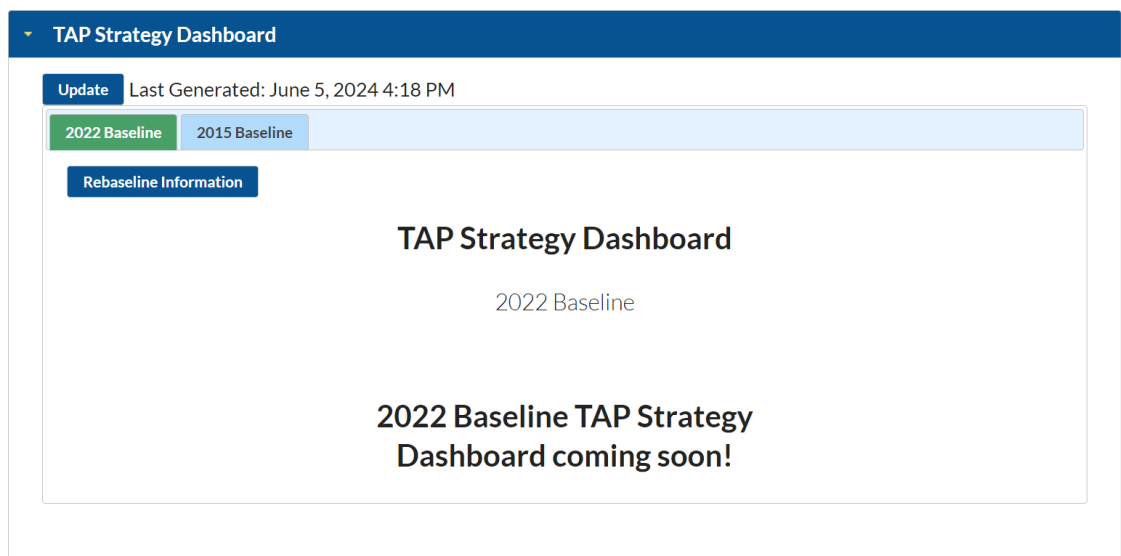
The following resources will be added to the 2022 HAI Rebaseline [home page](#) later this summer. Please stay alert for additional information and more details coming soon.

- **An Introduction to Updating the National Baseline**- A Quick Learn presentation which introduces the concept of the 2022 Rebaseline and explains how it will impact facilities.
- **Fact Sheet**- A concise, user-friendly document that provides key information and essential details about the 2022 HAI Rebaseline.
- **Rebaseline Progress Tracker** – A tool to track the NHSN team's progression through the 2022 HAI Rebaseline project, including details about the availability of new SIR reports in the NHSN application.
- **Newsletter Articles & Archived Communications** – An inventory of public communications shared by the NHSN team regarding the 2022 HAI Rebaseline.

TAP Strategy Dashboard Update

As part of ongoing preparations for the 2022 Rebaseline, the TAP Strategy Dashboard will be receiving minor updates, including the addition of a "2022 Baseline" tab. The current TAP Strategy Dashboard can still be found in the "2015 Baseline" tab with no change to its functionality. We expect these changes to go live with the next

NHSN update in late June. You can see a sneak peak of the new tab in the screenshot below.



NHSN Education and Training

Protocol and Training Team Ask the Experts Session

The NHSN Protocol and Training Team (PaTT) invites you to attend our next **“Ask the Experts”** session.

On Wednesday, **June 26, 2024, at 2:00 pm ET** our Protocol and Training Team will discuss MDRO/CDI.

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)
- Outpatient Procedure Component users
- Neonatal Component users

All users of NHSN are invited; however, the conversation will be geared towards newer NHSN users, with 3 years or less experience.

How to register

Ready to Ask the NHSN Protocol and Training Team (PaTT) Experts?

Registration is now open for our **June 26, 2024**, session which will discuss MDRO/CDI.

Click https://cdc.zoomgov.com/webinar/register/WN_ZmvvHFQZSuG_n-mpTftTow to register and submit MDRO/CDI questions.

Any questions about the webinar series can be address at the NHSN Helpdesk at <https://servicedesk.cdc.gov/nhsncsp>, please select Patient Safety>Training>webinar.

We look forward to “seeing” you!

Thanks,

NHSN Protocol and Training Team

2024 Patient Safety Component Virtual Annual Training Updates

The “2024 Virtual NHSN Training: Patient Safety, Outpatient Procedure, and Medication Safety Component Surveillance and Analytics” videos and slide decks are now available on the NHSN website!

Recorded presentations include how to identify, report, and analyze Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Secondary Bloodstream Infection (BSI) and Site-Specific Infections, Surgical Site Infections (SSI), MRSA Bacteremia and C. difficile LabID events, Pneumonia Events, Ventilator-associated Events (VAE), and Pediatric Ventilator-associated Events (PedVAE), and the Antimicrobial Use and Resistance Module. Additional topics include surveillance and analysis for the Outpatient Procedure Component, the new Digital Quality Measures and 2022 HAI Rebaseline overview.

All videos, slide PDFs, and CE information are located on the NHSN training page at:

<https://www.cdc.gov/nhsn/training/annualtraining.html>

Any questions about the webinar series can be addressed at the NHSN Helpdesk via <https://servicedesk.cdc.gov/nhsncsp>, please select Patient Safety>Training>Annual Training.

Thank you!

The NHSN Team

New Training Resources for NHSN Administrators

Dear NHSN Administrators,

We are delighted to announce the launch of our latest training resources tailored specifically for you. Our comprehensive set of training videos has been meticulously designed to guide you through various administrator tasks, step-by-step.

To ensure easy access, we have provided the link to the NHSN Administrators Training webpage below:

[Link: NHSN Administrators Training] [NHSN Administrator Training | NHSN \(cdc.gov\)](#)

These training videos cover essential topics such as:

- Adding a User to a Facility
- Enrolling a Facility in NHSN
- Deactivating and Activating a User in a Facility
- Reassigning the Facility Administrator in a Facility
- Adding a Component to a Facility

We encourage you to bookmark this page for future reference and share it with your team to facilitate seamless learning and skill development.

Stay tuned! In the near future, you will also be able to access these videos directly within the NHSN application on the left navigation bar on the Cheat Sheet tab.

Thank you for your dedication to ensuring the efficiency and success of our NHSN community.

Best regards,

NHSN Team

HEALTHCARE PERSONNEL SAFETY COMPONENT

Gearing up for Changes to COVID-19 Vaccination Data Reporting Forms!

The Person-level Vaccination Forms remain optional tools to report COVID-19 vaccination data. NHSN encourages facilities reporting COVID-19 vaccination data through the Long-term Care Facility and Healthcare Personnel Safety Components to use these forms to help simplify data reporting. NHSN will update the forms this summer to include questions about gender identity and sex at birth.

DIALYSIS COMPONENT

Mark Your Calendars – Q1 2024 QIP Deadline

The 2024 Quarter 1 deadline (payment year 2026) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease Quality Incentive Program is right around the corner! The deadline for reporting is Monday, July 1, 2024 at 11:59 PM PT. Facilities reporting to NHSN should report all three months (January, February, March 2024) of data no later than July 1, 2024, in order to receive full credit for Q1 2024 reporting and meet requirements for the CMS ESRD QIP.

GENERAL NHSN INFORMATION

NHSN VENDOR CORNER

Notes on the NHSN Release Schedule

- Release 12.1.0 was deployed to production on 04/06/24.
- Release 12.2.0 is scheduled to be deployed on 06/29/24.
- Release 12.2.1 is scheduled to be deployed on 08/08/24.
- Release 12.3.0 is scheduled to be deployed on 09/21/24.
- The NPPT site is currently on v12.1.0.7.
 - Please send any issues found to NHSNCDA@cdc.gov.

Release 12.2 – CDA Impact

The list below includes the changes with impact to vendors currently slated for 12.2 which is planned for June 29, 2024.

Dialysis Component

- NHSN is planning to implement CDA R4-D2.2 IG version for Events for Outpatient Dialysis, effective January 1, 2025. However, CDA submission of these changes can be tested in the NPPT site, v12.2.0.
 - The following changes are included in this version:

- 'Access used for dialysis at the time of the event' field has been added as required in the CDA file for DIAL Events.
 - 'Patient's dialyzer is reused' question has been removed in this version.
 - Adding fields for 'Sex at Birth' and 'Gender Identity' as required, allowing ability to send multiple races, and changing race and ethnicity to required fields.
- NHSN is planning to implement CDA R4-D2.2 IG version for Denominators for Outpatient Dialysis, effective January 1, 2025. The 'Number of these patients for whom dialyzers are reused' field has been removed in this CDA version. CDA submission of these changes can be tested in the NPPT site, v12.2.0.

Patient Safety Component

- In release 11.6, NHSN implemented CDA R4-D2 for MDRO Summary for FACWIDEIN only. NHSN is planning to complete the implementation of CDA R4-D2 IG version for the following Summary Report:
 - Prevention Process and Outcome Measures (POM) Summary Report (aka MDRO) Reporting for FACWIDEIN, FACWIDEOUT and Facility locations.
- Within the AR Option, we will update display name for code IMICILRE (LOINC code: 96372-8) from 'Imipenem-relebactam with Cilastatin' to 'Imipenem-relebactam'. This is a human-readable change only. No changes are required to the CDA submissions.
- Additional 2024 Annual Procedure Codes: ICD-10/CPT Updates. The effective date is April 1, 2024, for the 29 new codes.

Release 12.3 – CDA Impact

The list below includes the changes with impact to vendors currently slated for 12.3 which is planned for September 2024.

Patient Safety Component

- NHSN is planning to implement CDA version R4-D2.2 IG that includes adding new fields for 'Sex at Birth' and 'Gender Identity' as required, allowing ability to send multiple races, and changing race and ethnicity to required fields. The fields will be available and required in CDA, effective January 1, 2025. However, CDA submission of these changes can be tested in the NPPT site, v12.3.0. These changes will impact the following :
 - Bloodstream Infection (BSI) Events
 - Procedure Denominator
 - Surgical Site Infection (SSI)
- NHSN is planning to implement CDA version R4-D3 IG for the AUR Module.
 - Antimicrobial Resistance Option (ARO) Events
 - Antimicrobial Resistance Option (ARO) Summary
 - Antimicrobial Use (AUP) Summary

*Note: While AR and AU Summary records do not contain the 'Sex at Birth' and 'Gender Identity' fields, these CDA types are moving to the R4-D2.2 IG to be in line with AR Events. This is per the request of the Office of the National Coordinator for Health Information Technology as it relates to the AUR reporting measure within the CMS Promoting Interoperability Program.

The following updates will be made within the R4-D3 IG:

- Adding fields for 'Sex at Birth' and 'Gender Identity', allowing the ability to send multiple races, and changing race and ethnicity to required fields.
- AR Event will include the following changes:
 - Removing the Staphylococcus aureus-specific requirement to report PCR mec and PBP2a tests

- Adding a section for gene identification tests using a value set of LOINC terms
- AU Summary will update the route of administration value set to use SNOMED codes for the digestive and respiratory routes.
- No major updates to the AR Summary.

Long Term Care Component

- NHSN is planning to implement CDA version R1 IG for AU Module for the LTC Component (CDA Manual and Direct Import only). Manual data entry will not be available for the LTC-AU Module.

Neonatal Component

- NHSN is planning to implement CDA version R4-D2.2 IG that includes adding new fields for 'Sex at Birth' and 'Gender Identity' as required, allowing the ability to send multiple races, and changing race and ethnicity to required fields, effective January 1, 2025. However, CDA submission of these changes can be tested in the NPPT site, v12.3.0. This change will impact the following:
 - Late Onset Sepsis/Meningitis Denominator (LOS/Men Denom)
 - Late Onset Sepsis/Meningitis Event (LOS)
- NHSN is planning to implement the capability to manually import the LOS/MEN CDA files directly in the NHSN user interface/application.

Coming Later in 2024 – CDA Impact

The list below includes the changes with impact to vendors coming later in 2024.

Patient Safety Component

- NHSN is planning to implement CDA version R4-D2.2 IG that includes adding new fields for 'Sex at Birth' and 'Gender Identity' as required, allowing the ability to send multiple races, and changing race and ethnicity to required fields, effective January 1, 2025. However, CDA submission of these changes can be tested in the NPPT site, v13.0.0. This change will impact the remaining Patient Safety Component events:
 - Laboratory-Identified Organism (LIO)
 - Urinary Tract Infection (UTI)
 - Ventilator Associated Event (VAE)
- NHSN plans to make the following updates to the AUR Module in the December release effective January 1, 2025.
 - Update to AU Option required drugs
 - Update to AR Option required pathogens
 - Plan to add Candida genus and additional Candida species
 - Plan to add Group A Streptococcus
 - Plan to refresh AR Option Pathogen Roll-up workbook
 - Update to AR Option required specimen types
 - Plan to add skin, soft tissue, and wound
 - Protocol updates not affecting CDA files:
 - Plan to allow Candida isolates without susceptibility testing to be reported

Long Term Care Component

- NHSN is planning to implement CDA version R1-D1.2 IG that includes adding new fields for 'Sex at Birth' and 'Gender Identity' as required, allowing the ability to send multiple races, and changing race and ethnicity to required fields, effective January 1, 2025. However, CDA submission of these changes can be tested in the NPPT site, v13.0.0. This change will impact the following:
 - Laboratory Identified MDRO or CDI Event for LTCF

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. The 5.0 AU SDS version will be released in early July. Vendors will be expected to revalidate their AU SDS prior to March 2025. The package will be posted and an email will be sent to all vendors in July.

Support Requests for the NHSN CDA Team

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

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

VERY IMPORANT NOTES:

- ServiceNow does not accept .zip files. The system will strip any .zip files from the email before it gets to the NHSN CDA Team. Please send .xml files only. If you need to send a large number of .xmls please let us know.
- If you email NHSNCDA@cdc.gov the response will come from cdcservicedesk@cdc.gov. Please make sure this new email address will not be blocked by your email system.
- When emailing, be sure NHSNCDA@cdc.gov or NHSN@cdc.gov is on the To line. The system does not open a ticket if NHSNCDA@cdc.gov or NHSN@cdc.gov is on the CC line.

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

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

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

CDA Direct Automation

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

Guide to CDA Versions

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

Guide to CDA Versions

[Print](#)

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

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

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2024	2023	2022	2021
CDA Toolkit Release	<u>12.1</u>	<u>11.1</u>	10.1	9.5 & 10.0
DIALYSIS				
Dialysis Event	R3-D4	R3-D4	R3-D4	R3-D4
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D3
EVENTS				
Primary Bloodstream Infection (BSI)	R4-D1	R4-D1	R3-D3	R3-D3
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Urinary Tract Infection	R4-D1	R4-D1	R2-D1.1	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Ventilator-associated Event (VAE)	R4-D1	R4-D1	R3-D2	R3-D2

As an Important Reminder...

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

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

NHSN Application Time Stamps Updated to UTC

As of February 26, 2024, time stamps for data submission and modification in the NHSN application were updated to display Coordinated Universal Time (UTC).

What is UTC?

UTC is the international time standard. It has been implemented as part of ongoing NHSN system upgrades and modernization efforts.

All NHSN timestamps are displayed in the UTC Time Standard. UTC time is a time standard that is **not** adjusted for daylight saving and therefore **does not** change throughout the year. UTC serves as a uniform and universal reference to measure time across all time zones.

To convert UTC to ET:

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

Or input the UTC calendar date and time into an [online UTC time converter](#).

What does this mean for my facility?

The new UTC timestamp will have **no impact** on data submission deadlines. Local time remains in place for data submission deadlines.

No action is needed from NHSN users.

Examples of where NHSN users may see UTC timestamps in the application:

Note: Beginning June 29, 2024, timestamps in the NHSN application, such as the examples below, will display "UTC."

COVID-19 Vaccination Module form in the Healthcare Personnel Safety Component:

Edit COVID-19 Vaccination Summary Data

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created: 05/01/2024 7:24PM
 Facility ID #: 10000 Location Type *: Hospital
 Vaccination type *: COVID19 Facility CCN #: TOD
 Week of Data Collection: 04/29/2024 - 05/05/2024 Date Last Modified: 05/01/2024 7:24PM

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories					
	Employee HCP			Non-Employee HCP		
	* All Core HCP ^a	* All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d	* Adult students/trainees and volunteers ^e	* Other Contract Personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	11	12	11	0	0	1
2. * Cumulative number of HCP in Question #1 who are <u>up to date</u> with COVID-19 vaccine(s).	0	0	0	0	0	0

Save Cancel

All facility information taken from an NHSN test facility for demonstration purposes.

COVID-19 Hospital Data Module form in the Patient Safety Component:

COVID-19

Back

H Decennial Medical Center (ID 15331) HHS ID: Facility CCN:999999 AHA ID:N/A
 1600 Clifton Road NE Facility Type:HOSP-GEN - General Hospital, including Acute, Trauma, and Teaching
 Atlanta, GA

Edit Capacity & Utilization Entry For April 13, 2024 Last submitted by EWITT on 04/15/24 6:22:45 PM Submit Cancel

All facility information taken from an NHSN test facility for demonstration purposes.

COVID-19 Module in the Outpatient Dialysis Component:

Edit COVID-19 Data

Outpatient Dialysis COVID-19 Data

Facility Operational Information
For the following questions, please collect data for the current reporting week. The reporting week is defined as Wednesday through Tuesday with reporting to occur on Wednesday by 3 PM ET. You should report on the same day each week, either close of business on Tuesday or Wednesday by the deadline. We advise you not to alternate reporting days.

Facility ID: 44166 Facility Name: Test Dialysis Clinic A

CMS Certification 042024
Number (CCN):

Week of Data 04/17/2024 - Date Last Modified: 04/24/2024 12:40PM
Collection: 04/23/2024 (Inclusive)

<input type="text" value="10"/>	*In-center Patient Census
<input type="text" value="10"/>	*Home Patient Census
<input type="text" value="1"/>	*Total Certified Stations
<input type="text" value="1"/>	*Isolation Stations Included in Total Certified Stations
<input type="text" value="Y - Yes"/>	*Is your facility a designated COVID unit?
<input type="text" value="Y - Yes"/>	*Does your facility have designated COVID shifts?
<input type="text" value="5"/>	*Total number of staff (physician, nurses, techs, environmental services, biomed, etc.) who worked at least 1 day during the current reporting week
<input type="text" value="0"/>	*How many patients on the current in-center census reside in nursing homes?
<input type="text" value="0"/>	*How many patients on the current home census reside in nursing homes?

All facility information taken from an NHSN test facility for demonstration purposes.

NHSN Helpdesk Activity Updates

Quarter 2, 2024

(Averages)

- 39 new facilities enrolled in NHSN this quarter
- 22 Ambulatory Surgery Centers (ASCs) enrolled this quarter
 - 22,774 Tickets/Cases this quarter
- 21,906 Tickets/Cases closed this quarter

NHSN Enrollment Updates

NHSN Enrollment Update (as of June 10, 2024):

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

8,697 Outpatient Hemodialysis Facilities

6,915 Ambulatory Surgery Centers (ASCs)

18,727 Long-term Care Facilities

42,783 Total Healthcare Facilities Enrolled

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities.



The Centers for Disease Control and Prevention (CDC)
MS-A24, 1600 Clifton Road, Atlanta, GA 30333
E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn