Volume 19, Issue 4
December 2024

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

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Patient Safety Component

Final Reminder! NHSN AUR Module Registration and Submission Deadlines for the CY 2024 Medicare Promoting Interoperability Program

For CY 2024, AUR Module data are required under the Public Health and Clinical Data Exchange Objective of the CMS Promoting Interoperability (PI) Program, which applies to eligible hospitals and critical access hospitals (CAHs) participating in the program. The AUR Surveillance Reporting measure requires that eligible hospitals and 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.

Hospitals participating in the Medicare Promoting Interoperability Program for the 2024 calendar year should note the following key deadlines for submitting Antimicrobial Use and Resistance (AUR) data to NHSN:

- **Registration Deadline:** Hospitals must register their intent to submit AUR data within 60 days of the start of their designated EHR reporting period. The final registration deadline is **December 31, 2024.**
- **Data Submission Deadline:** All AUR data for CY 2024 must be submitted to NHSN by **January 31, 2025**, to be included in the February 1, 2025, status report.

If your facility participates in the Promoting Interoperability Program and does not plan to claim an exclusion for this measure for CY 2024, please adhere to these deadlines to ensure accurate reporting and inclusion in the program's status report.

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: New 2023 National and State Healthcare-Associated Infections Progress Report

CDC has released the *2023 National and State Healthcare-Associated Infections (HAI) Progress Report,* which shows progress in preventing several important HAIs in acute care hospitals (ACHs) compared to 2022. This HAI Progress Report continues to show decreases in HAIs that align more closely with progress made prior to the start of the COVID-19 pandemic in 2020.

Decreases in the national standardized infection ratio (SIR) from 2022 to 2023 for some HAIs in ACHs included:

- 16% decrease in hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia
- 13% decrease in central line-associated bloodstream infections (CLABSI)
- 13% decrease in hospital-onset *Clostridioides difficile* (*C. difficile*) infection
- 11% decrease in catheter-associated urinary tract infections (CAUTI)
- 5% decrease in ventilator-associated events (VAE)

The full report includes data submitted to CDC's National Healthcare Safety Network (NHSN) across four healthcare settings: ACHs, critical access hospitals (CAHs), inpatient rehabilitation facilities (IRFs) and long-term acute care hospitals (LTACHs).

Additionally, progress was made in reducing HAIs in other healthcare settings.

- Among IRFs, there was a 14% decrease in hospital-onset *C. difficile* infection and an 8% increase in CAUTI; otherwise, there were no significant changes in CLABSI, and hospital-onset MRSA 2023 SIRs compared with 2022.

- Among LTACHs, there was a 13% decrease in hospital-onset *C. difficile* infection, otherwise, there were no significant changes in 2023 SIRs compared with 2022.

The *2023 National and State HAI Progress Report* highlights the need for healthcare providers to continue to:

- Reinforce infection prevention and control practices in their facilities.
- Regularly review HAI surveillance data to identify areas that need to be improved.
- Address any gaps in prevention practices.

CDC remains committed to protecting patients and promoting safety and quality in health care. CDC will continue partnering with healthcare facilities and other federal and local public health agencies to strengthen healthcare quality and improve patient safety across the United States.

Read the full 2023 HAI Progress report, including the executive summary, data tables, technical appendix, and frequently asked questions.

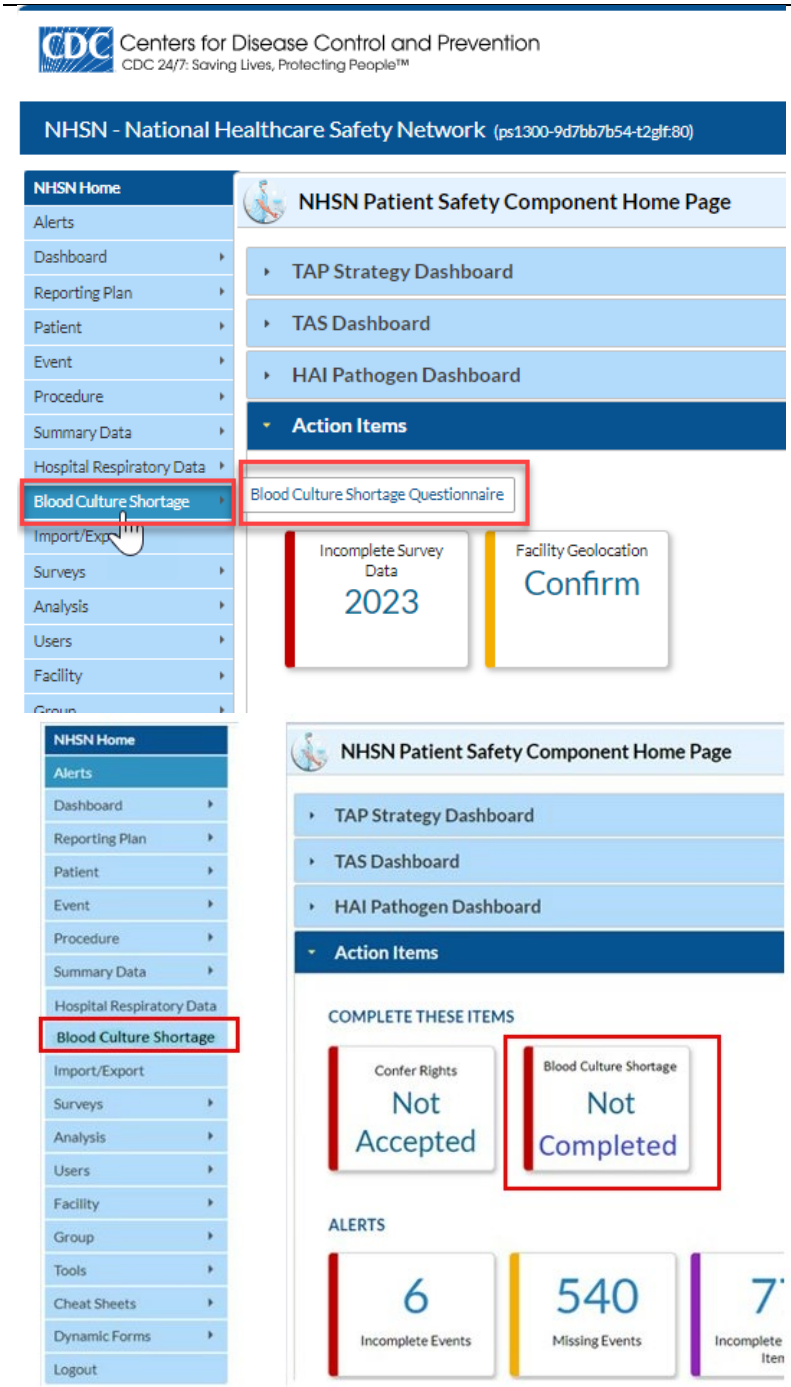
Data for the HAI Progress Report are also available in CDC's Antimicrobial Resistance & Patient Safety Portal (AR&PSP), an interactive web-based application that shows data collected through CDC's NHSN and other sources.

Thank you for your partnership,
The NHSN Acute Care Analytics Team

Protocol Updates

Blood Culture Bottle Shortage NHSN Newsletter Article and Blast Email

In July 2024 the U.S. Food and Drug Administration (FDA) issued a letter to healthcare providers, alerting to disruptions in availability of BD BACTEC™ blood culture media bottles, and outlining strategies to preserve supply. NHSN is aware that healthcare facilities may be impacted by this disruption of supplies at various degrees and with input from internal and external partners has created a questionnaire to assess the potential impact.
The questionnaire will be available within the NHSN application for facilities reporting in the Patient Safety Component (PSC) starting December 14, 2024. It includes an assessment of supply and interventions taken for the months of June 2024 through October 2024. All NHSN participating facilities are highly encouraged to complete the questionnaire before the end of 2024 as the shortage may have affected a facility's HAI surveillance processes.
The questionnaire can be accessed in two ways, 1) from the NHSN PSC Home Page in the application find the "Action Items" tab then locate the "Blood Culture Shortage" tile in the Complete These Items section, 2) navigate to the left menu bar and select "Blood Culture Shortage". To assist with completing the questionnaire, a Table of Instructions (TOI) and Frequently Asked Questions (FAQ) documents will be available on the PSC webpage.



If you have any questions, please contact NHSN using the NHSN-ServiceNow portal by logging into SAMS: https://sams.cdc.gov using the short description “Blood Culture Shortage”.

AUR Module Reporting Updates for 2025

We plan to make the below updates for 2025 AUR Module reporting. Please stay tuned in the next few weeks for an updated AUR Module Protocol and additional materials detailing these changes.

AU Option

The following antimicrobials will be added to AU Option reporting for CY 2025:

- Cefepime/enmetazobactam
- Ceftobiprole medocaril
- Pivmecillinam

The following antimicrobial will be removed from AU Option reporting for CY 2025:

- Chloramphenicol

AR Option

Pathogens and Specimen Sources:

- Group A *Streptococcus* will be added
- *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus* will be expanded to genus (and all species codes)
- The AR Option Pathogen Roll-up Workbook will be refreshed to reflect these updates
- New specimen sources added: skin, soft tissue, wound, and musculoskeletal
    - Indwelling catheter specimen will be added back to the list.

Antimicrobial Susceptibility Testing (AST):

- The antimicrobial susceptibility testing panels will be updated to reflect CLSI testing recommendations
- NHSN AR Option phenotype definitions will be updated accordingly
- Group A *Streptococcus* will share a panel with Group B *Streptococcus*
- A *Pseudomonas aeruginosa* urine antimicrobial susceptibility testing panel will be added
- *Candida* isolates **without AST** become eligible for AR Option reporting

Denominators:

- **Admissions**: The definition has been clarified to match the AU Option
- **Encounters**: The definition has been clarified:
    - A visit to an eligible outpatient location counts as a single encounter
    - The patient can contribute an encounter as soon as they have had an initial interaction with a medical professional (e.g., the beginning of triage)
    - The patient can contribute an encounter regardless of whether they are placed in a bed.
- **Admission Status**:
    - Updated admission status (no) text to include reference to transfer to another facility:
        - Report False (No) if the specimen was collected in an outpatient location and the patient was **transferred to another facility** or discharged and did not return to an inpatient location within 24 hours.

CMS Finalized CY 2025 Promoting Interoperability Requirements

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

- The AUR Surveillance Measure will be split into two separate measures: AU Surveillance and AR Surveillance
    - This means hospitals must be in active engagement to report AU and AR or have an eligible exclusion for each measure. For example, an exclusion for AR will no longer qualify as a reason to not report AU data to NHSN.
- Exclusions have now been separated for each measure and a new exclusion regarding access to discrete data elements has been added:
    - AU Exclusions:
        - Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period
        - Does not have an eMAR/BCMA electronic records or an electronic ADT system during the EHR reporting period
        - (New) Does not have a data source containing the minimal discrete data elements that are required for reporting.
    - AR Exclusions:
        - Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period
        - Does not have an electronic LIS or electronic ADT system during the EHR reporting period
        - (New) Does not have a data source containing the minimal discrete data elements that are required for reporting.
- CMS will consider AU Surveillance and AR Surveillance new measures for CY 2025.
    - This means hospitals can remain in Option 1 – Pre-production and validation for CY 2025 before moving to Option 2 – Validated data production in CY 2026.

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

New AUR Training Resource Available

The NHSN AUR Team recently conducted two Office Hours sessions highlighting the changes for AUR reporting in calendar year 2025. The slides for the session have been posted here: https://www.cdc.gov/nhsn/pdfs/2025-AUR-Updates-Office-Hour.pdf. A recording is not available but please email NHSN@cdc.gov with any questions.

U.S. Antibiotic Awareness Week (USAAW) & 2023 AU Option Data

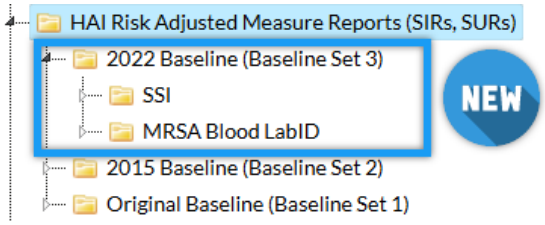
USAAW is an annual observance that raises awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic use. This year, USAAW took place from November 18-24, 2024. In recognition of USAAW, the NHSN AUR Team has the 2023 adult and pediatric AU Option data available now in the Antimicrobial Resistance & Patient Safety Portal, with the full 2023 AU Option Data Report expected to be published in a few months.

Rebaseline Updates

2022 Baseline SIR Reports Now Available for MRSA and Complex 30-day SSI

The NHSN Team introduced the first set of 2022 baseline SIR reports in November 2024. These new reports allow facility and Group users to generate 2022 baseline SIRs for MRSA Blood LabID data and Complex 30-day SSI data for inpatient adult COLO and HYST procedure categories. Details regarding the statistical properties of new risk adjustment models used in these reports are contained in NHSN's Guide to the 2022 Baseline SIRs.

Available 2022 baseline reports can be accessed from the Patient Safety Component Analysis Reports treeview. In the "HAI Risk Adjusted Measure Reports (SIRs, SURs)" parent folder, a new sub-folder titled "2022 Baseline (Baseline Set 3)" has been added that contains all currently available analysis reports using the 2022 baseline.



For MRSA Blood LabID, separate SIR reports are available for Acute Care Hospitals (ACHs), Critical Access Hospitals (CAHs), Inpatient Rehabilitation Facilities (IRFs), and Long-term Acute Care Hospitals (LTACHs). SIR reports for SSI can be run by ACHs and CAHs. For instructions on running these new reports, users may review the 2022 HAI Rebaseline Implementation Guide and Change Log. Additional 2022 Rebaseline guidance and training resources are available on the NHSN Rebaseline Education webpage.

These new reports are available for internal use by your facility and Group to aid in HAI surveillance and prevention efforts. **No timeline has been announced regarding the adoption of the 2022 baseline SIRs by the Centers for Medicare and Medicaid Services (CMS).** The 2015 baseline SIR reports continue to be available in NHSN, and the 2015 baseline SIRs continue to be used for current CMS programs. Refer to the Fact Sheet: Which Baseline Should I Use? for considerations and recommendations related to analyzing SIRs under either the 2015 or 2022 baseline.

The NHSN Team sent a blast email to all NHSN Patient Safety users on 11/21/2024 to announce the release of these new reports. That email contained a detailed list of new educational resources and provided information about upcoming training webinars. To view a copy of the blast email from 11/21, please visit the Rebaseline Communications page.

Additional SIR and SUR analysis reports using the 2022 baseline will continue to be built in NHSN and will be released in a phased approach. We encourage you to visit the 2022 HAI Rebaseline Progress Tracker to receive regular updates on our progress.
Quick Learn: An Introduction to Updating the National Baseline

NHSN Education and Training

Training Announcements

The CEs for *Introduction to Device-associated Module Training*, which includes Introduction to Device-associated Training Module, CLABSI, CAUTI, CLIP, and PNEU courses, expired April 16, 2024. We are working on the new CE application and will notify you when the new CE is available.

The Continuing Education credits for the following courses are now available and can be accessed here: Self-paced Interactive Trainings | Continuing Education | NHSN | CDC.

- Procedure-associated Module
- NHSN Ventilator-Associated Events (VAE)
- Outpatient Procedure Component
    - Same Day Outcome Measures
    - Surgical Site Infection (4 Parts)

Protocol and Training 2025 Training Calendar

Mark your Calendar!

We are excited to present our Protocol and Training 2025 First Quarter training schedule, designed to equip you with cutting-edge skills and knowledge across critical areas of the Patient Safety Component protocols.

The Ask the Experts series occur every third Wednesday at 2:00 pm Eastern and Annual Training will be the third week of March, presentation days to be determined.

- Ask the Expert series: January 15th - 2025 Protocol Review Click here 👉 to register: https://cdc.zoomgov.com/webinar/register/WN__gpAD4ckS3Kw48F81b3G6g
- Ask the Expert series: February 19th- ENDO criteria Introduction and Health Educator's Annual Training Click here 👉 to register: https://cdc.zoomgov.com/webinar/register/WN_xQAUm1nQRtyhfaczH8XKQQ
- March 17th-21st- 2025 Patient Safety Component Virtual Annual Training (registration information will be delivered in February)

2024 Education and Training Needs Assessment

Your Feedback is Requested!

As part of our ongoing efforts to improve the training and education resources available to users of the NHSN Patient Safety Component, we are conducting an **Education and Training Needs Assessment** survey. The survey should take no more than 15 minutes to complete. Your feedback will help shape future training materials, tools, and educational activities that the NHSN team provides to support your work in delivering safe and high-quality care.
Please click the following link to complete the survey: 2024 Education and Training Needs Assessment Survey. This survey will remain open until December 31, 2024.
All responses are confidential and will be used solely to improve training resources. Your feedback will tell us:

- how well current training resources are meeting your needs,
- where additional resources or support are needed,
- how to make training more accessible, relevant, and useful to you.

If you have questions or need assistance, please reach out using the NHSN-ServiceNow portal by logging into SAMS: https://sams.cdc.gov. Thank you for taking the time to help us improve the training experience for all NHSN users. We appreciate your dedication to enhancing patient safety and healthcare quality!

Thanks,

The NHSN Protocol and Training Team thanks you for your time and participation.

Long-term Care Facility Component

Vaccination Updates for the Respiratory Virus Season

Reporting Annual Healthcare Personnel Influenza Vaccination Data

This is a friendly reminder that reporting annual influenza vaccination data among healthcare personnel (HCP) is required for 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, CMS-certified 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.

These data are reported through the Healthcare Personnel Safety (HPS) Component of NHSN. Facilities are required to submit one report that covers the entire 2024-2025 influenza season (October 1, 2024 - March 31, 2025). The deadline to submit the report is **May 15, 2025**.

The data collection form (57.214 HCP Influenza Vaccination Summary Form) and other resources are accessed here: HCP Flu Vaccination | HPS | NHSN | CDC.

Reporting Weekly Influenza and RSV Vaccination Data for Residents of Long-term Care Facilities

Long-term care facilities currently have the option to report weekly influenza and RSV vaccination data for residents through the Respiratory Pathogens and Vaccination Module of the Long-term Care Facility Component. However, beginning on January 1, 2025, facilities will be required to submit weekly influenza and RSV vaccination data for residents of long-term care facilities.

The NHSN Team is hosting a webinar in early December and a webinar re-play on January 7, 2025 to review upcoming changes. Long-term care facilities can register for any webinars under the "Upcoming Webinars" and "Replay Sessions" headings here: LTCF | Respiratory Pathogens and Vaccination Module | NHSN | CDC.

Reporting Up to Date COVID-19 Vaccination Data

Several types of facilities submit COVID-19 vaccination data on healthcare personnel, residents of long-term care facilities, and dialysis patients. Specifically, facilities report on Up to Date COVID-19 vaccination status of these individuals. The definition of who is considered Up to Date with COVID-19 vaccines will change beginning with Quarter 1 of 2025.

The NHSN Team will provide additional information about this change in the coming weeks and update the following resource titled: *COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination.* This defines which individuals are Up to Date by each reporting quarter and can be accessed here: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf. This resource also contains clarifying examples and decision trees that visually illustrate how to determine if an individual is Up to Date with COVID-19 vaccines.

Dialysis Component

Mark Your Calendars – Q3 2024 QIP Deadline

Mark Your Calendars – Q3 2024 QIP Deadline

The 2024 Quarter 3 deadline (payment year 2026) for the Centers for Medicare and Medicaid End Stage Renal Disease Quality Incentive Program is right around the corner! The **deadline for reporting is Tuesday, December 31,** 2024 **at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (July, August, September 2024) of data no later than December 31, 2024, in order to receive full credit for Q3 2024 reporting and meet requirements for the CMS ESRD QIP.

Biovigilance Component

End of the Year Updates

As 2024 comes to an end, we would like to extend a friendly reminder to submit your Hemovigilance Annual Facility Survey (due in January). The Annual Facility Survey should be a reflection of data from the previous calendar year. Additionally, we ask that you verify your facility's hemovigilance contact information such as name, phone number, and email at your earliest convenience. Please email the NHSN helpdesk and request assistance from the Hemovigilance team if you are unsure of how to check this information.

GENERAL NHSN INFORMATION

National Healthcare Safety Network Earns Honors

In late October, CDC's National Healthcare Safety Network (NHSN) was honored with both a **2024 GOVTECH CONNECTS Digital Health Transformation Award** and the **2024 ICHE Most Cited Paper award**.

NHSN received the Digital Transformation Award for its critical role in driving progress toward healthcare-associated infection (HAI) prevention and its significant impact on public health programs.

Additionally, each year *Infection Control and Hospital Epidemiology (ICHE)* recognizes the ten articles that contributed the most citations to ICHE's most recent impact factor. Two manuscripts featuring NHSN data have been selected for a 2024 ICHE Most Cited Paper award this year:

- The impact of COVID-19 on HAIs in 2020: A summary of data reported to NHSN
- Continued increases in the incidence of HAIs during the second year of the COVID-19 pandemic

"We are honored to receive both awards," said Andrea Benin, Chief of DHQP's Surveillance Branch. "Each one showcases the value of NHSN data and recognizes the great work of the NHSN team to help make this data actionable to improve patient safety. Our priority is to ensure high-quality data is available to drive effective strategies to prevent infections and improve patient outcomes. We wouldn't be able to accomplish this without NHSN users taking careful, diligent steps to report this critical information."

Measure Retirement - Central Line Insertion Practices (CLIP) Adherence Monitoring

The NHSN Central Line Insertion Practices (CLIP) measure was implemented in 2008 to monitor adherence to evidence-based central line insertion practices known to reduce the risk of subsequent central line-associated bloodstream infections (CLABSIs). Since then, the practices included in the CLIP bundle have become the standard of care in US healthcare facilities, and data submitted to the NHSN demonstrates consistently high adherence rates, with >98% of CLIP events reported as fully compliant. And while many facilities continue to monitor CLIP bundle adherence internally, participation in the NHSN CLIP measure has declined over time and currently less than 1% of eligible facilities are reporting data to the NHSN.

Due to consistently high adherence rates coupled with low participation, the NHSN has decided to retire the CLIP measure from the Patient Safety and Dialysis Components. As of April 2025, the CLIP measure will be removed from the NHSN Monthly Reporting Plan, and facilities will no longer be able to enter new CLIP events (dated 4/1/2025 and later).

However, facilities will still be able to enter and edit past CLIP events (dated 3/31/2025 and earlier), and they will retain access to all their historical CLIP data for analysis. Additional details regarding the CLIP measure retirement will be provided in the coming months.
Thank you to all facilities who perform CLIP adherence monitoring – your commitment to this surveillance measure has resulted in widespread adoption of evidence-based practices that have promoted patient safety and prevented healthcare-associated infections.

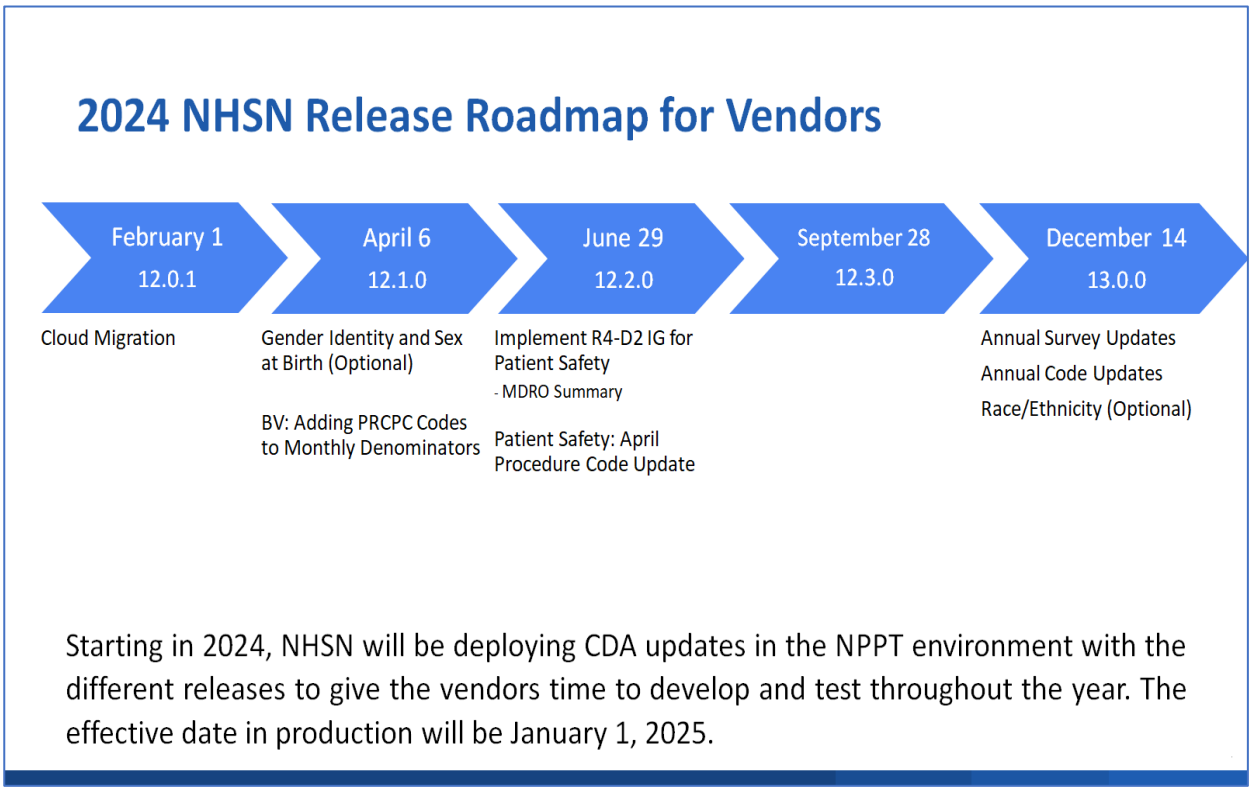
NHSN VENDOR CORNER

2025 Antimicrobial Updates for VAE and PedVAE

The antimicrobial agents Cefepime/Enmetazobactam (CEFEMET) and Ceftobiprole Medocaril (CEFTOMED) have been added to 2025 VAE List of Antimicrobial Agent Eligible for IVAC, PVAP and the 2025 PedVAE List of Eligible Antimicrobial Agents.

2024 NHSN Release Schedule

- The NPPT site is currently on 12.3.1
  - Please send any issues found to NHSNCDA@cdc.gov.
- The 2024 NHSN Release Roadmap for vendors is below:



Release 13.0.0 – CDA Impact

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

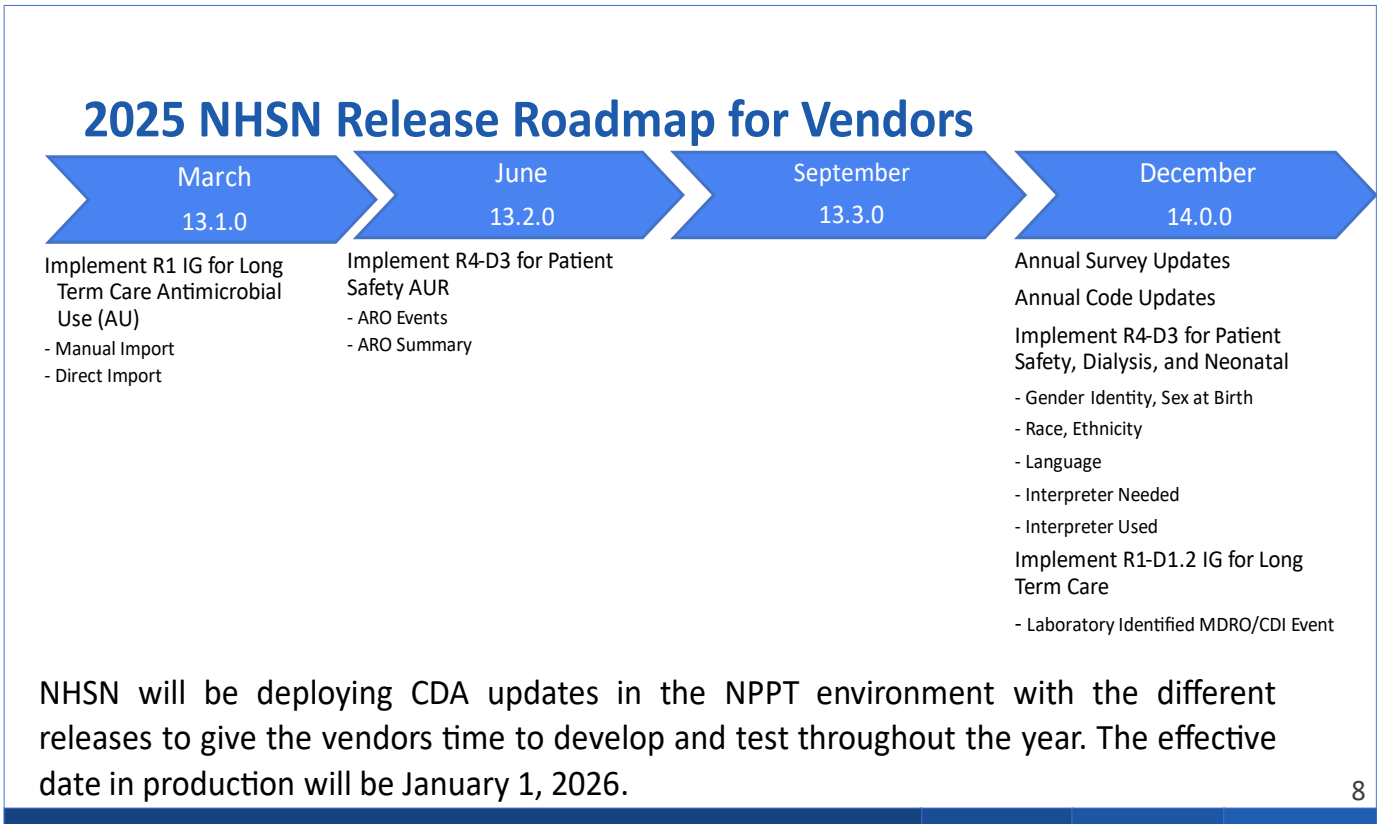
Patient Safety Component

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

The AU and AR CDA Toolkits have been posted. The 2025 AUR Module Protocol should be posted in December.

Upcoming Changes for 2025

The 2025 NHSN Release Roadmap for vendors is below:



Release 13.1.0 – CDA Impact

Long Term Care Component

- NHSN is planning to start implementing CDA version R1 IG for AU Module for the Long-term Care Component. This module will be used to track and report antimicrobial use in LTC facilities over time at the facility and national levels. Facilities will have the ability to collect resident-level numerator and denominator data electronically (CDA Manual and Direct Import only), **effective March 2025**. Manual data entry will not be available for the LTC-AU Module.

Release 13.2.0 – CDA Impact

Patient Safety Component

- NHSN is planning to start implementing CDA version R4-D3 IG for the AR Option, **effective June 2025**.
    - Antimicrobial Resistance Option (ARO) Events
    - Antimicrobial Resistance Option (ARO) Summary

      *Note: While AR Summary records do not contain the 'Sex at Birth', 'Gender Identity', 'Language', 'Interpreter Needed' and 'Interpreter Used' fields, this CDA type is moving to the R4-D3 IG to be in line with AR Events. This is per the request of the Office of the National Coordinator for Health Information

Technology as it relates to the AUR reporting measure within the CMS Promoting Interoperability Program.

- The following updates will be made within the R4-D3 IG:
  - Adding fields for 'Sex at Birth', 'Gender Identity', 'Language', 'Interpreter Needed' and 'Interpreter Used' as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to required fields.
  - AR Event will include the following changes:
    - Removing the Staphylococcus aureus-specific requirement to report PCR mec and PBP2a tests
    - Adding a section for rapid molecular detection of antimicrobial resistance markers using a value set of LOINC terms
  - No major updates to the AR Summary.

Release 14.0.0 – CDA Impact

- NHSN is planning to start implementing CDA version R4-D3 IG that includes adding new fields for 'Sex at Birth', 'Gender Identity', 'Language', 'Interpreter Needed', 'Interpreter Used' and 'Access used for dialysis at the time of the event' as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to required fields, **effective January 1, 2026**. These changes will impact HAI Events for the following components.

  - **Patient Safety Component**
    - Bloodstream Infection (BSI)
    - Procedure Denominator
    - Surgical Site Infection (SSI)
    - Laboratory-Identified Organism (LIO)
    - Urinary Tract Infection (UTI)
    - Ventilator Associated Event (VAE)

  - **Dialysis Component**
    - Dialysis Events
    - Dialysis Denominator (While there are no changes for dialysis denominator, this CDA is moving to the R4-D3 IG to be in line with Dialysis Events.)

  - **Neonatal Component**
    - Late Onset Sepsis/Meningitis Denominator
    - Late Onset Sepsis/Meningitis Event

- NHSN is planning to implement CDA version R1-D1.2 IG that includes adding new fields for 'Sex at Birth', 'Gender Identity', 'Language', 'Interpreter Needed' and 'Interpreter Used' as required, allowing the ability to send multiple races, ethnicities, gender identities and languages, and changing race and ethnicity to be required fields, **effective January 1, 2026**. This change will impact the following:

  - **Long Term Care Component**
    - Laboratory Identified MDRO or CDI Event for LTCF

AU Option SDS Update

The newest version of NHSN's Antimicrobial Use (AU) Option Synthetic Data Set has now been posted: AUR Synthetic Data Set Validation | NHSN | CDC. In this version, we made an update in the medication administration table to resolve the medication administration timestamps that occurred before the patient arrived in a ward.
Vendors that have already passed AU SDS using v5.0 do not need to revalidate. Vendors that have not yet passed AU SDS using v5.0 should use 5.1 moving forward.

Vendors creating AU files for customers must revalidate their software using the 5.1 version prior to March 1, 2025. Upon revalidating, vendors will receive an updated AU SDS Validation ID to be included in their AU CDA files. AU CDA files for March 2025 and forward will fail to upload without the updated AU SDS Validation ID.
Note: Please use the updated webservice link when validating: https://nhsnpilot.ng.techlab.cdc.gov/AUValidation-Production/home.html

AR Option SDS Update

AR SDS v1.6 has been posted. This version updated the dim_wardmapping file to test transfers to ineligible inpatient locations. **This version of the AR SDS is optional.** Vendors are not required to validate using the AR SDS v1.6 if they already validated using a previous AR SDS version. The NHSN Team expects vendors to complete the AR SDS Validation process once per vendor software version.
The AR SDS webservice links remain the same:
AR Event: https://nhsnpilot.ng.techlab.cdc.gov/ARValidation-Numerator/home.html
AR Summary: https://nhsnpilot.ng.techlab.cdc.gov/ARValidation-Denominator/home.html

September 2024 Vendor Webinar

The Fall Vendor Webinar was September 18, 2024. 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 were posted on the NHSN website.

Support Requests for the NHSN CDA Team

We encourage facilities and vendors to reach out to the NHSN CDA Team with questions, comments, and concerns. NHSN has rolled out a new and improved customer service tool called ServiceNow. You can submit your questions to NHSN using the ServiceNow self-service portal. The portal can be accessed by logging into CDC's Secure Access Management Services (SAMS) application and selecting the **ServiceNow** link. Users that do not have SAMS access can continue to email the Help Desk at nhsn@cdc.gov.
You can also continue sending emails via NHSNCDA@cdc.gov. **Note:** If you need to send CDA files for troubleshooting, the files must be sent securely to NHSNCDA@cdc.gov.
VERY IMPORANT NOTES:

- If you email NHSNCDA@cdc.gov the response will come from cdcservicedesk@cdc.gov. Please make sure this new email address will not be blocked by your email system.

- When emailing, be sure NHSNCDA@cdc.gov or NHSN@cdc.gov is on the To line. The system does not open a ticket if NHSNCDA@cdc.gov or NHSN@cdc.gov is on the CC line.

We aim to reply to your email within 5 business days, but that timeline may vary depending on the complexity of the issue and the amount of investigation needed. If you don't hear from us within 5 business days, please send another email.
If your email involves messages sent via Direct CDA Automation not receiving a response, please first ensure it's been more than 24 hours since the messages were originally sent to NHSN via Direct. During specific times of the month, NHSN experiences a high volume of Direct submissions, and it can take a while for the NHSN servers to clear the queue. If it has been more than 24 hours since you sent the message via Direct, please help us in our investigation by providing the following details for your submissions (see example information below). We aim to reply to emails regarding missing Direct message responses within 1 business day but failure to provide information below will extend the turnaround time.

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

CDA Direct Automation

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

Guide to CDA Versions

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

Guide to CDA Versions

Print

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

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

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2025	2024	2023	2022
CDA Toolkit Release	13.0	12.2	11.1	10.1
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	R4-D1	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	R4-D1	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	R4-D1	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/toolkits.html

NHSN Helpdesk Activity Updates

Quarter 4, 2024

(Averages)

- 38,635 total facilities enrolled in NHSN
- 0 Ambulatory Surgery Centers (ASCs) enrolled this quarter
- 4,202 Tickets/Cases this quarter
- 4,043 Tickets/Cases closed this quarter

NHSN Enrollment Updates

NHSN Enrollment Update (as of December 06, 2024):
4,296 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
38,635 Total Healthcare Facilities Enrolled

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

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

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