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CENTERS FOR DISEASE CONTROL AND PREVENTION
NHSN E-Newsletter



PATIENT SAFETY COMPONENT

AUR Module Updates

We are excited to announce the release of updated training resources for NHSN users who are analyzing data in the Patient Safety Component. Please see below for a list of new/updated module updates.

UPDATE! [AUR Module](#)

The NHSN 10.0 update scheduled for September 2021 includes expansion of the AR Option to include Summary data submission for the three outpatient location types that currently submit AR Option Event data: emergency department (ED), pediatric ED, and 24-hour observation area. The AUR Team updated the AUR Protocol to include information related to outpatient encounters and reporting outpatient AR Option Summary data. The AUR protocol will have a special update to coincide with NHSN 10.0.

NHSN recently recognized a discrepancy in the definition of inpatient locations for NHSN AUR reporting. NHSN strongly encourages the submission of AUR data from all NHSN-defined inpatient locations (**including procedural areas like operating rooms**), facility-wide inpatient (FacWideIN), and select outpatient acute care settings from which the numerator and denominator data can be accurately captured. The AUR Team updated the AUR Protocol to reflect the correct definition of inpatient locations. These updates will be included in the special protocol release for NHSN 10.0. If you have any questions about the definition clarification, please email NHSN@cdc.gov with AUR clarification request in the subject line.

UPDATE! [Centers for Medicare and Medicaid Services Promoting Interoperability Program \(formerly MU3\)](#)

The automated report generated by NHSN showing submission of AUR data for the purposes of the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program (formerly MU3) was incorrectly giving credit for AU data submitted using the R6 Implementation Guide (IG). When an R6 AU summary file was submitted for a month, it showed as "Yes" in the AU column of the monthly MU3 report. The report should only give credit for AU data submitted using the R1 IG and any AU data submitted using the R6 IG should not count towards this report. This was corrected with the 9.5.4 release on July 14, 2021. A separate issue was also identified whereby some facilities are receiving the monthly automated report via email twice with conflicting information. This issue will be corrected with the NHSN 10.0 release scheduled for September 2021.

[Reminder for Facility Administrators](#)

The NHSN AUR Team uses the AU and AR Option contacts designated in NHSN to send notifications for AUR related content such as AU and AR quarterly users calls, updates regarding AUR resources, and data quality related outreach. If your facility submits data into the AU and/or AR Options, NHSN Facility Administrators should check to make sure the appropriate users are designated as AU Option and AR Option contacts and their email addresses are correct. Keep in mind, you can assign more than one facility user as a contact for each Option and a single user can be the contact for both Options. You can find more information on designating users as AU and AR Option contacts in the [AUR Module User Rights](#) document. Additionally, please instruct all users to add no-reply@emailupdates.cdc.gov, nhsn@cdc.gov, and nhsncda@cdc.gov as a "Safe Senders" so emails from NHSN do not end up in their spam folders.

NEW! [AR Option Synthetic Data Set Initiative](#)

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

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

Analysis Updates

UPDATE! [Details of the Surgical Site Infections \(SSI\) Standardized Infection Ratio \(SIR\) Models are Available in SIR Guide Addendum!](#)

The SSI SIR, based on the 2015 baseline, is available for 3 main models/Reports described in table 1 below. The details of the Complex 30-Day SSI risk adjusted model are available in the SSI section of the [SIR Guide](#). The details of the model include, the risk factors included in the model and the parameter estimate that each factor contributes to the overall risk for infection following the specified procedure. This document includes the details of the SIR models for the All-SSI SIR and Complex Admission/Readmission SSI SIR models by procedure category and patient population. The model details are in tables 1 through 6 of the [SIR Guide Addendum: SSI SIR Models](#) document.

Table 1. Summary of SSI SIR Models

SSI SIR Model	Inclusion Criteria	Patient Population
All SSI SIR Model	Includes only inpatient procedures Includes Superficial, Deep & Organ/Space SSIs Superficial & Deep Incisional SSIs limited to primary incisional SSIs only Includes SSIs identified on admission, readmission & via post-discharge surveillance	Procedures in adult patients Procedures in pediatric patients
Complex Admission/Readmission (A/R) SSI Model	Includes only inpatient procedures Includes only Deep Incisional Primary SSIs & Organ/Space SSIs Includes only SSIs identified on Admission/Readmission to facility where procedure was performed Used for the annual CDC publication of national benchmarks	Procedures in adult patients Procedures in pediatric patients
Complex 30-Day SSI model (used for CMS IPPS)	Includes only in-plan, inpatient COLO and HYST procedures in adult patients (i.e., ≥ 18 years of age) Includes only Deep Incisional Primary SSIs and Organ/Space SSIs with an event date within 30 days of the procedure Includes SSIs regardless of detection method Used only for CMS IPPS reporting and for public reporting on Hospital Compare	Procedures in adult patients

Reminder! Data for CMS Quality Reporting Programs Due Soon!

The following data must be entered into NHSN by **November 15, 2021**, for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Conditions (HAC) Reduction Programs:

2021 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards
- Includes Veterans Affairs and Department of Defense (DoD) acute care hospitals

2021 Quarter 2 (April 1 - June 30) Inpatient COLO and HYST SSI data

2021 Quarter 2 (April 1 - June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- FacWideIN
- ED and 24-hour observation locations
- Includes DoD acute care hospitals

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

2021 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2021 Quarter 2 (April 1 - June 30) Inpatient COLO and HYST SSI data

2021 Quarter 2 (April 1 - June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

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

2021 Quarter 2 (April 1 - June 30) CAUTI data (all bedded inpatient locations)

2021 Quarter 2 (April 1 - June 30) *C. difficile* LabID Events (all healthcare-onset and community-onset)

- Freestanding IRFs: Reporting by FacWideIN
- IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

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

2021 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data (all bedded inpatient locations)

2021 Quarter 2 (April 1 - June 30) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

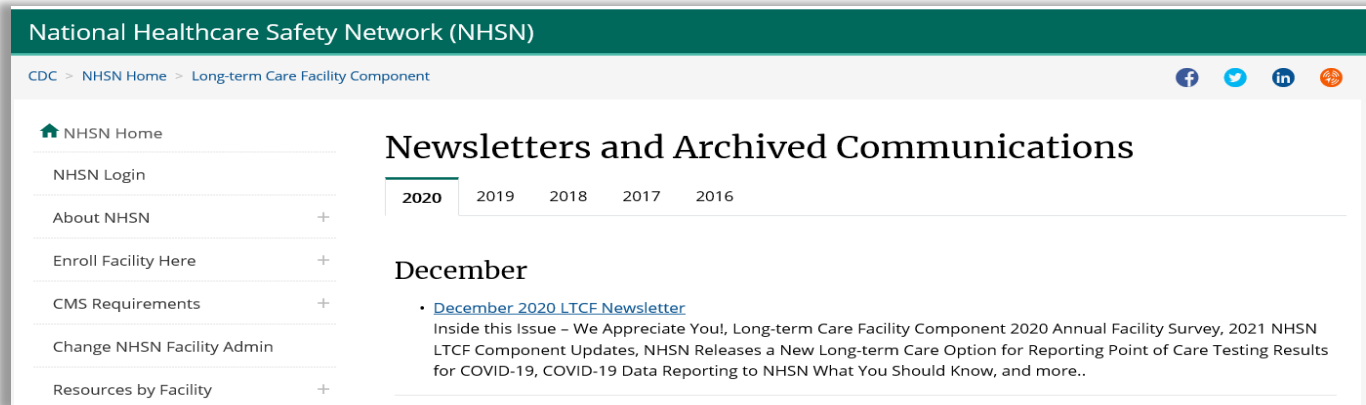
Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that;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

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletters, available here:



<https://www.cdc.gov/nhsn/ltc/newsletters/index.html>

HEALTHCARE PERSONNEL SAFETY COMPONENT

Updates to Weekly COVID-19 Vaccination Modules

CDC's National Healthcare Safety Network (NHSN) released weekly COVID-19 vaccination data reporting modules in December 2020. Based on the evolution of the pandemic and awareness of the approved additional vaccine sequences, new questions on additional vaccine doses and boosters have been added to the data collection forms. The main changes are outlined below.

1. Added question #4 for facilities to report on the cumulative number of individuals *eligible to receive* an additional dose or booster of COVID-19 vaccine.
2. Added question #5 for facilities to report on the cumulative number of individuals who received an additional dose or booster of COVID-19 vaccine (by manufacturer type).

Revised materials include the following:

- Data collection forms and table of instructions
- Training slides and recording of webinars held in August 2021
- Data tracking worksheets
- .CSV file upload instructions, .CSV file templates, and example .CSV files
- Frequently asked questions

Materials can be found on the following webpages:

Long-term care facilities reporting data on residents and healthcare personnel

[Weekly HCP & Resident COVID-19 Vaccination | LTCF | NHSN | CDC](#)

Non-long-term care facilities reporting data on healthcare personnel

[Weekly HCP COVID-19 Vaccination | HPS | NHSN | CDC](#)

Dialysis facilities reporting data on patients

[Weekly Patient COVID-19 Vaccination | Dialysis | NHSN | CDC](#)

Additional updates to the weekly COVID-19 vaccination modules are anticipated in mid-September. For example, the healthcare personnel categories for NHSN COVID-19 vaccination data collection forms will be revised. Training webinars on these updates will take place in September, and specific dates and times will be released soon. Please be on the lookout for registration information!

Facilities can also contact CDC with questions at: NHSN@cdc.gov using 'COVID-19 vaccination' in the subject line of the message.

Thank you,
NHSN COVID-19 Vaccination Team

DIALYSIS COMPONENT

NHSN COVID-19 Module Update

For an organization to deliver data with good quality, it is recommended that facilities perform NHSN Dialysis Event (DE) Surveillance Data Quality Checks (DQC) prior to submission deadline. Below are three steps your organization can follow to enhance the integrity of reported data:

- 1) Have Monthly DE Reporting Requirements Been Met? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. DE Reporting Plan submitted?
 - b. Event Numerator Reported?
 - c. Event Denominator/Summary Data Reported?

- 2) Is facility information current and updated? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. Verify the facility's CCN is present and correct
 - b. Verify NHSN facility's OrgID is correct
 - c. Verify facility name and locations are correct

- 3) Is Data Submitted Correct and Complete? **Useful Reports:** Run Line Listing – Dialysis Events (detailed) AND Line Listing – ALL Denominators
 - a. Run Line Listing Report to check all dialysis events have been reported correctly.
 - b. Run Line Listing Report to review denominator data across months for each vascular access type.

To assist facilities with the Data Quality Checks (DQC), NHSN Dialysis team will perform internal checks on data that has been submitted. During this process, we may reach out to your facility with preliminary findings and recommendations to review your data and make necessary corrections.

Users can obtain resources for the Dialysis Component and Data Quality Checks by visiting the Dialysis home page <https://www.cdc.gov/nhsn/dialysis/index.html>

Resources for Data Quality Checks can be found by visiting the “Educational Roadmap” on the dialysis home page and scrolling down to section “Phase II: Dialysis Event Module Training Guides” → “Guide to Review Dialysis Event Data” <https://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>

NHSN COVID-19 Module Clarification and Update

When reporting COVID-19 data in NHSN, it is important to remember that newly confirmed patients are calculated as the total of the newly confirmed in-center patients **and** newly confirmed home patients. Newly confirmed in-center patients that reside in nursing homes should be a subset of newly confirmed in-center patients.

SARS-CoV-2 Positive (+) Patients and Staff	
<input type="text"/>	*Number of newly confirmed in-center patients during the current reporting week
<input type="text"/>	*Number of newly confirmed in-center patients that reside in nursing homes during the current reporting week
<input type="text"/>	*Number of newly confirmed patients during the current reporting week that are home patients

COVID-19 Reporting Module New Fields

In the September NHSN release, there will be several new fields added to the Dialysis COVID-19 Reporting Module to capture any breakthrough cases after an additional or booster dose of the Pfizer, Moderna, Janssen, and Unspecified vaccines. The Table of Instructions have been updated to provide detailed information for each individual field and we will also hold a webinar prior to the release of the updated module.

Quarterly Data Quality Checks for NHSN Dialysis Event (DE) Surveillance Reporting

For an organization to deliver data with good quality, it is recommended that facilities perform NHSN Dialysis Event (DE) Surveillance Data Quality Checks (DQC) prior to submission deadline. Below are three steps your organization can follow to enhance the integrity of reported data:

- 4) Have Monthly DE Reporting Requirements Been Met? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. DE Reporting Plan submitted?
 - b. Event Numerator Reported?
 - c. Event Denominator/Summary Data Reported?

- 5) Is facility information current and updated? **Useful Reports:** Run Line Listing – CMS ESRD QIP Rule Report
 - a. Verify the facility’s CCN is present and correct
 - b. Verify NHSN facility’s OrgID is correct
 - c. Verify facility name and locations are correct

- 6) Is Data Submitted Correct and Complete? **Useful Reports:** Run Line Listing – Dialysis Events (detailed) AND Line Listing – ALL Denominators
 - a. Run Line Listing Report to check all dialysis events have been reported correctly.
 - b. Run Line Listing Report to review denominator data across months for each vascular access type.

To assist facilities with the Data Quality Checks (DQC), NHSN Dialysis team will perform internal checks on data that has been submitted. During this process, we may reach out to your facility with preliminary findings and recommendations to review your data and make necessary corrections.

Users can obtain resources for the Dialysis Component and Data Quality Checks by visiting the Dialysis home page <https://www.cdc.gov/nhsn/dialysis/index.html>

Resources for Data Quality Checks can be found by visiting the “Educational Roadmap” on the dialysis home page and scrolling down to section “Phase II: Dialysis Event Module Training Guides” → “Guide to Review Dialysis Event Data” <https://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>

Mark Your Calendars – Q2 2021 QIP Deadline

Mark Your Calendars – Q2 2021 QIP Deadline

The 2021 Quarter 2 deadline (payment year 2023) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is right around the corner! The deadline for reporting is Thursday September 30, 2021. Facilities reporting to NHSN should report all three months (April, May, and June 2021) of data no later than September 30, 2021 in order to receive full credit for Quarter 2 reporting and meet requirements for the CMS ESRD QIP.

GENERAL NHSN INFORMATION

CDA Corner

Notes on the NHSN Release Schedule on July 14, 2021 the corrected issue related to Release 9.5.4 was deployed

- CMS Promoting Interoperability Program (formerly MU3) report giving credit for R6 AU files
- Release 10.0 is scheduled for September 18, 2021
 - Will include new Neonatal Component with Late Onset Sepsis and Meningitis event types using the R3-D4 Implementation Guide. Additionally, will add:
 - Ability to report no AR Option Events in CDA
 - Ability to report AR Option summary data from outpatient locations
 - IDM_9.4 antimicrobial ingredients tab update
 - Resolve CMS Promoting Interoperability Program (formerly MU3) monthly automated report being sent twice to some facilities and with differing information

[AUR R3-D4 Updates](#)

The NHSN 10.0 update scheduled for September 2021 will add the ability to report no AR Events via CDA and expand AR Option Summary data submission to include the three outpatient location types that currently submit AR Option Event data: emergency department (ED), pediatric ED, and 24-hour observation area. Facilities wishing to submit no AR Events or outpatient AR Summary data must use R3-D4 format. R3-D4 guide can be found under the Release 9.5-10.0 2021 toolkit and information about how R3-D4 relates to the AR Option can be found in the [AR Toolkit](#).

- Release 10.1 is scheduled for December 2021
 - Imperfections will be effective post deployment
 - CRs will be effective January 1, 2022
- The NPPT site is currently on v9.5.5.3
 - Please send any issues found to NHSNCDA@CDC.GOV

COVID-19 Data Uploads

- Please visit the NHSN COVID-19 Information webpage for more details:
<https://www.cdc.gov/nhsn/covid19/index.html>
- Direct CSV Submission is acceptable for Point of Care (POC) reporting in the acceptable file formats: CSV & HL7 2.5.1
- Instructions on how to sign up for Direct and use this method is available on the NHSN website:
<https://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>
- COVID-19 Module is available for LTC and Dialysis facilities

COVID-19 Addition to HAI CDAs for January 2022

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

- Currently optional for manual entry on the NHSN User Interface
- Required beginning with events January 1, 2022 and after
- The R4-D1 IG can be found in the “CDA 10.1 Guides” zip file within the Release 10.1 toolkit
<https://www.cdc.gov/nhsn/cdaportal/toolkits.html> or the HL7 GitHub Site: <https://github.com/HL7/cda-hai>

CDA Vendor Webinar

The next CDA Vendor webinar is currently planned for October 20, 2021 from 1:00pm – 2:30pm EST. Registration information will be sent out soon.

AR Option Changes for NHSN 10.0

NHSN will begin transitioning to the R4-D1 IG for AR Summary records with the 10.0 release. After the 10.0 release (tentatively scheduled for August 2021), vendors can submit R1 or R4-D1 AR Summary records for any month in 2021. Starting January 2022 and going forward, NHSN will only accept the R4-D1 IG for AR Summary records. The new R4-D1 IG will allow AR Summary data to be reported for outpatient locations (ED, pediatric ED & 24-hour observation) and contain the ability to report “No AR Events” via the CDA.

Antimicrobial Use Synthetic Data Set (AU SDS) version 4.4

NHSN updated AU SDS to version 4.4 in April. Vendors that passed validation prior to April 12th of this year do not need to re-validate using 4.4. We did not add any new test cases or scenarios nor did the database schema change. WardID discrepancies between the ADT tables and Medication Administration table was corrected and additionally, an enhancement was made to three drugs (Penicillin V, Dicloxacillin and Gentamicin) in that they are now assumed to be not electronically captured for all four routes of administration. Previously, vendors were to assume that Penicillin V via the respiratory route and Dicloxacillin via the respiratory and digestive routes were not electronically captured. This change meant there is no need for two separate Web Service URLs based on the ability of the vendors to capture null values for some routes versus all routes of administration. The AU SDS release 4.4 can be downloaded from the main AU SDS Validation website here: <https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html>.

Antimicrobial Resistance Synthetic Data Set

As noted in the Antimicrobial Use and Resistance Module Updates section above, an Antimicrobial Resistance Synthetic Data Set (AR SDS) pilot will begin soon. NHSN plans to have an AR SDS validation requirement phase-in period in 2022 and require validation in 2023. As part of the phase-in period in 2022, we will create an AR SDS Validation webpage like the AU SDS Validation whereby the production AR SDS version and instructions can be downloaded. **We are recruiting AR SDS pilot participants.** These vendors can help NHSN test an AR SDS beta release and further refine its development including providing insight on vendor specific data aggregation methods and

ensuring we've covered real-world use cases. Furthermore, participants would have an opportunity to provide feedback on documentation such as the AR SDS instructions and FAQs. If you would like to be a pilot participant, please send an email to nhsncda@cdc.gov indicating your interest.

CDA Corner (continued)

CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:						
Query Date Range	October, 2018 - September, 2019	January, 2019 - December, 2019	April, 2019 - March, 2020	July, 2019 - June, 2020	October, 2019 - September, 2020	January, 2020 - December, 2020
Blood Stream Infection	43%	44%	47%	49%	51%	56%
Urinary Tract Infection	46%	46%	47%	47%	48%	45%
Surgical Site Infection	44%	45%	47%	49%	51%	42%
Laboratory Identified Event	66%	67%	68%	69%	70%	64%
Dialysis Event	75%	77%	77%	77%	76%	74%
Central Line Insertion Practices (CLIP)	25%	25%	26%	28%	30%	23%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	4.0%	8%	12%	16%	22%	0%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%	100%
ICU /Other Summary	29%	30%	30%	30%	30%	27%
SCA/ONC Summary	36%	37%	38%	38%	39%	33%
NICU Summary	30%	32%	32%	32%	32%	28%
Surgical Procedure - via CDA	39%	42%	45%	47%	50%	34%
MDRO Summary	9%	9%	10%	10%	11%	8%
Dialysis Summary	59%	62%	62%	63%	66%	56%
Hemovigilance Summary	0%	0%	0%	0%	0%	0%
Surgical Procedure - via CSV	52%	50%	47%	46%	43%	56%

[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>
- We are still in the process of getting all of the requirements that affect CDA imports together for 10.1 (Dec 2021/Jan 2022) release. The IDM is not ready at this time. We’re working diligently to complete requirements gathering and to obtain approvals. We will notify our vendors when the IDM is ready and posted.

Guide to CDA Versions

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

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

Download the corresponding CDA Toolkits for the corresponding year.

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

[Update for CDA Direct Automation](#)

As an Important Reminder...

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

- Archived Newsletters: <https://www.cdc.gov/nhsn/newsletters/index.html>
- Archived NHSN email communication: <https://www.cdc.gov/nhsn/commup/index.html>
- CDA vendor webinars & training videos: <https://www.cdc.gov/nhsn/cdaportal/webinars.html>

At this time, over 8,000 facilities from 20 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site:

<http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>.

Data Quality Corner

UPDATE! [PedVAE Antimicrobial List Update](#): The PedVAE antimicrobial list in the NHSN application will be updated with Release 10.0 scheduled for September 18, 2021 to reflect the antimicrobial changes that went into effect in the 2021 PedVAE protocol Appendix: List of Eligible Antimicrobial Agents. These updates are retroactive to January 1, 2021. If you entered PedVAE events into NHSN from January 1, 2021 to date that identified Cefiderocol, Lefamulin, Imipenem/Cilastatin/Relebactam, or Remdesivir, after the release date you can edit the events to add these antimicrobials. If you entered a PedVAE event since January 1, 2021 and selected Piperacillin or Doripenem, please edit the event to remove these antimicrobials prior to the release date.

NHSN Training Updates

Neonatal Component Training

Self-paced Training

[LOS/MEN Event Overview](#) [CBT - 30 min] ★

Audience: All Beginner and Intermediate users of the Late-Onset Sepsis/Meningitis (LOS/MEN)

Description: This training will include a complete introduction to the NHSN Late-Onset Sepsis/Meningitis (LOS/MEN) Module, provide an overview of criteria for LOS/MEN, the analysis that will be performed, and the electronic capture of the data elements to meet criteria.

See Also

[LOS/MEN Event](#)

Neonatal Roadmap
A step-by-step guide to Neonatal surveillance for new users.

On This Page

[Self-paced Training](#)

NHSN Interactive Self-paced Training Available!

NHSN online courses provide instructional slides with detailed graphics, screen shots with step-by-step examples of form completion for instructional purposes, practice questions, and case study examples. Those wanting to take the courses will need a device with access to the internet.

This unique user experience includes hyperlinks to the forms, protocols, and the NHSN manual which are available for printing if needed.

Welcome NHSN Late-Onset Sepsis/Meningitis (LOS/MEN) Module to our NHSN education library.

Audience: All Beginner users of the Late-Onset Sepsis/Meningitis (LOS/MEN)

This training will include a complete introduction to the NHSN Late-Onset Sepsis/Meningitis (LOS/MEN) Module, provide an overview of criteria for LOS/MEN, the analysis that will be performed, and the electronic capture of the data elements to meet criteria.

This course is available on the NHSN website in the Neonatal Component section, click <https://www.cdc.gov/nhsn/training/neonatal/index.html>, to access.

New NHSN Quick Learn Available! Differences between Total VAE and IVAC+ Events for Analysis

NHSN Quick Learns are short 7–15-minute videos, providing education and information on specific topic within NHSN surveillance, reporting, or analysis.

This new Quick Learn video will help NHSN users to define and demonstrate the differences between Total Ventilator Associated Events (Total VAE) and Infection-related Ventilator- Associated Complication (IVAC+) events. NHSN users will be able to navigate the NHSN application to run, analyze, and interpret reports for Total VAE and IVAC+ events. View it now under “Quick Learns” <https://www.cdc.gov/nhsn/training/patient-safety-component/vae.html>. Cont. page 14

NHSN Interactive Self-paced Trainings – Updated for 2021


Updated 2021 interactive self-paced training courses are also now available on the NHSN website. Training courses include: Introduction to Device-associated module, CLABSI, CAUTI, PNEU, VAE, PedVAE, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, SSI, and Outpatient Procedure SSI and SDOM modules. All interactive self-paced trainings are available here: <https://www.cdc.gov/nhsn/training/continuing-edu/cbts.html>

Are you new to NHSN? The NHSN Educational Roadmaps are a great place to start!

If you are new to NHSN or need a guide through the NHSN training materials, the Education Roadmap website is the place for you! On the NHSN Educational Roadmaps website, you are provided a guided tour of the training materials and information needed to provide a solid foundation of NHSN component protocols – start with the basics and move on to more advanced training.

Check it out! In each component, a selection of educational materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user) are listed. To begin this learning experience, click the link <https://www.cdc.gov/nhsn/training/roadmap/index.html> and select the component of your choice.

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



The screenshot shows the NHSN Educational Roadmaps website. At the top, there is a banner with the title "NHSN Educational Roadmaps" and a graphic of a road leading through a green landscape. Below the banner, a welcome message states: "Welcome to the NHSN Educational Roadmaps. The NHSN Educational Roadmaps will provide a guided tour of the training materials and information needed to provide a solid foundation of NHSN – from the basics to more advanced training for each individual component or protocol. Below is a list of NHSN components, in each component is a selection of educational and supplemental materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user). To begin this learning experience, select the component below. This training should be used after the enrollment/activation process. If you have not enrolled into NHSN please [enroll here](#)."

Below the welcome message is a section titled "Select Roadmap for a Component" which lists seven components, each with a circular icon and a brief description:

- Patient Safety Component**: Surveillance definitions, reporting, and analysis. (Icon: Stethoscope)
- Biovigilance Component**: Surveillance definitions, reporting, and analysis. (Icon: Microscope)
- Healthcare Personnel Safety Component**: Surveillance definitions, reporting, and analysis. (Icon: Clipboard with checkmark)
- Long-term Care Facility Component**: Surveillance definitions, reporting, and analysis. (Icon: Wheelchair)
- Dialysis Component**: Surveillance definitions, reporting, and analysis. (Icon: Dialysis machine)
- Outpatient Procedure Component**: Surveillance definitions, reporting, and analysis. (Icon: Person with plus sign)
- Neonatal Component**: Surveillance definitions, reporting, and analysis. (Icon: Baby face)

NHSN Help Desk Activity Update

Quarter 3, 2021

(Averages)

162 newly enrolled facility this quarter

247 Avg. user Inquiries per day

1315 Avg. user inquiries per week (including weekends)

22,230 User inquiries per quarter

NHSN Enrollment Update

NHSN Enrollment Update (as of August 30, 2021):

7,958 Hospitals (this includes 618 Long-term Acute Care Hospitals and
473 Free-standing Inpatient Rehabilitation Facilities)

8,485 Outpatient Hemodialysis Facilities

5,617 Ambulatory Surgery Centers (ASCs)

18,560 Long-term Care Facilities

42,513 Total Healthcare Facilities Enrolled

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



NHSN

NATIONAL HEALTHCARE
SAFETY NETWORK

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