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CENTERS FOR DISEASE CONTROL AND PREVENTION  
**NHSN E-Newsletter**



# PATIENT SAFETY COMPONENT

## New NHSN Publications NHSN Surveillance Case Studies Published in AJIC

**Do you apply the NHSN surveillance definitions correctly? Would you like to test your skills?**

**Have you heard about the NHSN surveillance case studies?**

Since 2010, NHSN has partnered with the American Journal of Infection Control (AJIC), a publication of the Association for Professionals in Infection Control and Epidemiology (APIC), to publish NHSN case studies along with vignettes to highlight various NHSN surveillance criteria and concepts. Whether you are new to infection surveillance, or are a seasoned Infection Preventionist, these case studies are for you! Give them a try and see how much you know or use them for inter-rater reliability testing within your department, or within your local Infection Prevention networking group. There are so many possibilities!

No subscription to AJIC or APIC membership is required, as they are “open access”.

**Please use links below to access the current case studies:**

- Key Concepts from Chapter 2 - [Health care-associated infections studies project: An American journal of control and national healthcare safety network data quality collaboration case study - Chapter 2 Identifying Healthcare-associated Infections \(HAI\) for NHSN Surveillance case study vignettes - ScienceDirect](#)
- Surgical Site Infection (SSI) Surveillance - [Health care-associated infections studies project: An American Journal of Infection Control and National Healthcare Safety Network Data Quality Collaboration Case Study – Chapter 9 Surgical site infection event \(SSI\) case study - ScienceDirect](#)
- Pneumonia and Ventilator- [Healthcare-associated infections studies project: An American Journal of Infection Control and National Healthcare Safety Network data quality collaboration case study - Pneumonia and Ventilator-Associated Events - ScienceDirect](#)
- Urinary Tract Infection Surveillance - [Health Care-associated infections studies project: An American Journal of Infection Control and National Healthcare Safety Network data quality collaboration case study - Urinary Tract Infection Surveillance - ScienceDirect](#)

**You may also want to listen to the episode about the case studies on the Association for Professionals in Infection Control and Epidemiology (APIC) 5 Second Rule podcast:**

[#35 NHSN Case Studies: Level Up Your Surveillance – 5-Second Rule \(5secondruleshow.org\)](#)

Thank you all for your commitment and diligence in accurate application of the NHSN surveillance definitions!

## Transition of COVID-19 Hospital Data Reporting

Beginning mid-December 2022, NHSN will assume responsibility for collection of COVID-19 hospital data. The Administration for Strategic Preparedness and Response (ASPR) and CDC are collaborating to help ensure a successful transition.

Planning activities for this transition will occur over the next several months, and multiple opportunities for training and testing will be available. Facilities, states, and other groups reporting COVID-19 data will NOT need to make any changes in their regular reporting processes prior to the mid-December 2022 transition date.

More detailed information will be provided in the coming weeks. In the meantime, highlights include:

### Important Information for NHSN Users

- **No immediate action is needed from NHSN users at this time.** Actions needed to prepare for the transition will be communicated to NHSN users, posted to the transition webpage, and discussed in scheduled webinars.
- Additional users may need to be added to your facility profile in the NHSN application. **Note:** NHSN Facility Administrators and users may be contacted to add COVID-19 reporters as new users. Guidance on adding a user in NHSN is available on the transition webpage: <https://www.cdc.gov/nhsn/covid19/transition.html>
- There will be **no impact or changes to reporting** for the LTCF, Dialysis, and Healthcare Personnel Vaccination COVID-19 modules in NHSN.

### Important Information related to COVID-19 Hospital Reporting

- There will be **no significant changes or additions to the reporting questions as a result of this transition.** Reporting requirements will remain the same, with the only significant change being the data system. The [guidance update](https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf) posted on August 10, 2022, is still in effect: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>
- **Processes for reporting will remain the same**— jurisdictions will still be able to submit data on behalf of facilities within their area, hospital systems will still be able to submit data at an enterprise level, third-party providers will still be able to submit data on behalf of facilities and/or jurisdictions, and hospitals will still be able to report individually.
- **Reporting capabilities for a web interface, CSV upload, and/or Application Programming Interface (API) will remain,** with the primary change being a change to the reporting location.
- Data will continue to be aggregated into HHS Protect and will continue to be displayed publicly on the current HHS Protect Public and CDC websites.

All transition preparation resources will be posted on the transition webpage:

<https://www.cdc.gov/nhsn/covid19/transition.html>

## Clarification – Effective date for the Craniotomy (CRAN) Category Procedure Code Update

The procedure code update included in the 7/22/2022 email with subject line, *An Introduction to Patient Safety Component Data Quality Activities & Updates to the NHSN Operative Procedure Code Documents and Organism List*, did not clearly state the effective date for the update. This notification is to clarify that the procedure code update applies to **CRAN procedures performed on or after June 1, 2022**.

The following operative procedure codes were moved from the Ventricular shunt (VHSN) category to the CRAN category and applies to procedures performed on or after June 1, 2022.

- 00164ZB – Bypass Cerebral Ventricle to Cerebral Cisterns, Percutaneous Endoscopic Approach
- 62200 – Ventriculocisternostomy, Third Ventricle
- 62201 – Ventriculocisternostomy, Third Ventricle; Stereotactic, Neuroendoscopic Method

## AUR Module Updates

### AU Option Data Quality Outreach

The NHSN AUR Team is currently developing the 2021 AU Option Report. The [previous AU Option Reports](#) summarized SAAR distributions and antimicrobial use percentages within SAAR antimicrobial agent categories for facilities across the nation that reported AU data to NHSN. We want to include AU Option data of the highest quality possible in the summary measures for the 2021 report. To support that goal, we reviewed not only SAAR eligible locations' data, but all AU Option data submitted for 2021 and 2022. We identified some discrepancies that require facility outreach and investigation. If your facility reported AU Option data fitting any of the criteria below, we plan to reach out to you to validate the AU data you submitted:

- Reporting antimicrobial days via a route of administration for which the drug should not be available (for example, reporting IV administration of a drug that is only formulated as a pill)
- Reporting combinations of antimicrobials and routes of administration identified as potential off-label use
- Reporting antimicrobial days for drugs that were discontinued or removed from the AU Option (cefditoren, ceftibuten, ceftizoxime, doripenem, erythromycin/sulfisoxazole, gemifloxacin, piperacillin, sulfisoxazole, telithromycin, or ticarcillin/clavulanate)
- Reporting repeating values for all drugs
- Submitting sample CDA files provided in the AU CDA Toolkit to the NHSN application
- Reporting AU data from locations not eligible for AU Option reporting (Sleep Study Unit and Endoscopy Suite)

### AR Option Event Issues Resolved

The AUR Team identified two issues that affected AR Option data. Both items were resolved in release 10.1.5.

- For AR Option reporting within the AntiP25 and AntiP25Ur files for *S. aureus* the variables PBP2a-agglutination and PCR mec-gene use the Snomed valueset of Positive/Negative/Unknown. When "Unknown" (snomed: 261665006) was used in the AR Event file, *S. aureus* AR Events with specimen collection dates December 1, 2021, and forward, NHSN populated a value of "POS" (aka Positive) in the database. This issue was corrected in release 10.1.5. Facilities will be notified and asked to review their data. Simply re-exporting and re-importing the *S. aureus* AR Events will fix the record.

- Missing AR Event alerts for outpatient locations were being cleared after the import of an inpatient AR Event for that same year/month. The logic has been updated and a script has been run to alert facilities of missing AR Events for their outpatient locations from January 2021 forward. To clear the Missing Event alerts, facilities should either upload their AR Events for those outpatient locations or if no events were identified in those locations, [click the Report No Events box](#) for that location/month. Facilities have been notified.

### Viewing Promoting Interoperability/Meaningful Use Program Status Reports

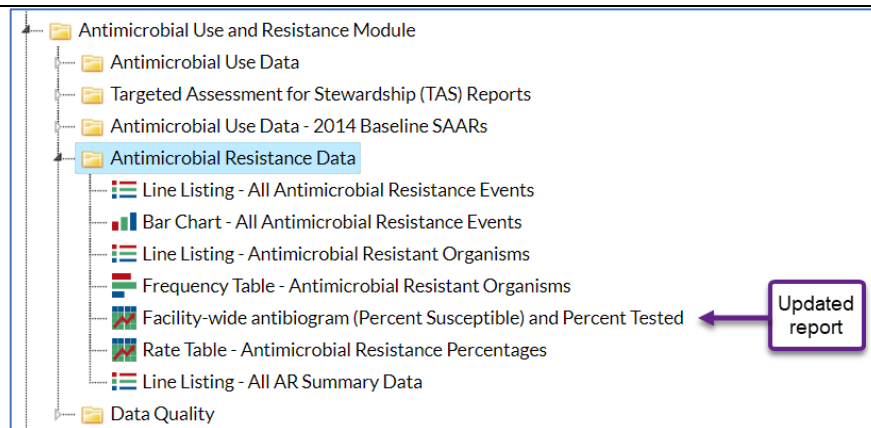
There have been ongoing issues with the Promoting Interoperability Program (formally known as Meaningful Use Stage 3 (or MU3)) report emails sent by NHSN causing facilities to receive duplicate emails containing reports with conflicting results. Our team is working to resolve the issue. In the meantime, please refer to the MU3 report found in NHSN for the source of truth. The NHSN Facility Administrator can find this report by clicking Facility then AUR MU3 Registration on the left-hand navigation bar. Then click Reports, select the year 2022, and click View Report (see below screenshot).

Additional details can be found here: [NHSN AUR Promoting Interoperability Guidance \(cdc.gov\)](https://www.cdc.gov/nhsn/aur/promoting-interoperability-guidance).

Month/Year	Antimicrobial Use Summary	Antimicrobial Resistance Events	Antimicrobial Resistance Summary
01/2022	Yes	Yes	No
02/2022	Yes	Yes	Yes
03/2022	Yes	Yes	No
04/2022	Yes	Yes	Yes
05/2022	Yes	No	No
06/2022	Yes	No	No

### Updates to the AR Option Facility-wide Antibiogram Report

We've made updates to the AR Option Facility-wide Antibiogram report to include additional data. In addition to the Antibiogram showing the percent susceptible, within this same report, NHSN creates a table displaying the calculated percent tested for each organism-antimicrobial combination reported from all locations (inpatient and outpatient) to the AR Option. Percent tested is calculated as the number of isolates with a susceptibility result (S, S-DD, I, R, NS) divided by the number of total isolates.



To run the updated report, after generating data sets, click Analysis > Reports > Antimicrobial Use and Resistance Module > Antimicrobial Resistance Data. The updated report is now titled “Facility-wide Antibiogram (Percent Susceptible) and Percent Tested”.

An [updated quick reference guide](#) to walk users through how to modify and run this report is available under “Antimicrobial Resistance Option”. Be sure to check it out!

### Antimicrobial Resistance Option Synthetic Data Set

The Antimicrobial Resistance Option Synthetic Data Set (AR SDS) is available on the [NHSN AUR Synthetic Data Set Validation](#) webpage. The AR SDS is test data that implementers will use to validate their AR compilation and aggregation methods comply with the NHSN AR Option protocol. NHSN will require validation of all AR CDA vendor software beginning in 2023. Beginning with records for January 2023, the NHSN application will reject AR CDA files generated by vendor software that has not passed AR SDS validation.

It’s important for facilities to be aware of the AR SDS Validation requirements and the validation status of their vendor.

- Facilities using an AR CDA vendor for AR CDA file creation, do not need to take direct action. NHSN encourages facilities to ask their AR CDA vendor about their SDS Validation timeline to ensure it meets the 2023 requirement.
- Facilities creating their own AR CDA files in-house using their own “homegrown” IT or informatics resources must complete the AR SDS Validation process. Please refer to the CDA Corner section below for additional information related to AR SDS Validation.

### Groups can now see AU/AR Contact Info

The NHSN AUR Team added two new variables to the “Line Listing - Facility Users” report available to NHSN Group users to indicate facility-designated AU Option Contacts and AR Option Contacts (see below example screenshot). These new fields allow Group users to identify AU Option Contacts and AR Option Contacts (if designated) at each facility in the group so they can target AUR-related outreach appropriately. NHSN Group Users can find the “Line Listing - Facility Users” report within Analysis Reports by clicking on the Advanced folder, then Facility-level Data. This report is not available to non-Group (facility) users.

## National Healthcare Safety Network Line Listing - Facility Users

As of: August 15, 2022 at 5:12 PM

Date Range: All PSFACILITY\_USERS

if (((arContact = "Y" ) ) OR ((auContact = "Y" ) ))

orgID	name	gname	surname	contactType	userType	auContact	arContact	activeFlag	lastLoggedInPS	las
10000	DHQP MEMORIAL HOSPITAL	AMY	SCHNEIDER		ICP	Y	Y	Y	27MAY2022:13:38:00	
10000	DHQP MEMORIAL HOSPITAL	WENDY	WISE			Y	Y	Y	25OCT2021:15:48:00	
10000	DHQP MEMORIAL HOSPITAL	MALISSA	MOJICA			Y	Y	Y	27MAY2022:11:03:00	
10036	TESTING FACILITY	LAURA	BLUM			Y	N	Y	15APR2022:17:11:00	
10036	TESTING FACILITY	VIRGIE	FIELDS			Y	Y	Y	04APR2022:10:00:00	

### Reminder! Data for CMS Quality Reporting Programs Due Soon!

The following data must be entered into NHSN by **November 15, 2022**, for facilities that participate in certain CMS quality reporting programs.

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

2022 Quarter 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

2022 Quarter 2 (April 1 - June 30) Inpatient COLO and HYST SSI data

2022 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

2022 Quarter 2 (April 1 – June 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

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

2022 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2022 Quarter 2 (April 1 - June 30) Inpatient COLO and HYST SSI data

2022 Quarter 2 (April 1 - June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

2022 Quarter 1 & Quarter 2 (April 1 – June 30) Healthcare Personnel Influenza Vaccination Summary data

2022 Quarter 2 (April 1 – June 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

## **Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting**

### **Program:**

2022 Quarter 2 (April 1 - June 30) CAUTI data (all bedded inpatient locations)

2022 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

2022 Quarter 2 (April 1 – June 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

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

### **Program:**

2022 Quarter 2 (April 1 - June 30) CLABSI and CAUTI data (all bedded inpatient locations)

2022 Quarter 2 (April 1 - June 30) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

2022 Quarter 2 (April 1 – June 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

## **Inpatient Psychiatric Facilities (IPFs) that participate in the Inpatient Psychiatric Facility Quality Reporting**

### **Program:**

2022 Quarter 2 (April 1 – June 30) COVID-19 Vaccination Coverage Among Healthcare Personnel

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

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

## **Data Quality Corner (DQ)**

### **Data Quality Webinar**

The presentation from *An Intro & Insight into DQ resources of the Patient Safety Component Webinar* training held on July 26th, 2022 is now available on both the Data Quality and Patient Safety Component Webpages. You can find the presentation here [Data Quality | NHSN | CDC](#) under Data Quality Webinars and [Patient Safety Component \(PSC\) Training | NHSN | CDC](#) under 2022 NHSN Update Webinars.

The recording will be uploaded at a later date, and you will be notified when its available.

Please reach out to [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with any questions related to the Data Quality Webinar, with subject line: DQ Webinar. We plan on having webinars dedicated to data quality activities twice a year.

### **DQ Website**

We highly encourage Patient Safety Component users to visit the DQ website [Data Quality | NHSN | CDC](#) to review current and previous data quality outreach efforts. This website also provides additional data quality resources dedicated to helping you ensure that your NHSN data is of the highest quality.



# 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>

The screenshot shows the NHSN website interface. At the top, it says 'National Healthcare Safety Network (NHSN)'. Below that is a breadcrumb trail: 'CDC > NHSN Home > Long-term Care Facility Component'. There are social media icons for Facebook, Twitter, LinkedIn, and YouTube. A navigation menu on the left includes 'NHSN Home', 'NHSN Login', 'About NHSN', 'Enroll Facility Here', 'CMS Requirements', 'Change NHSN Facility Admin', and 'Resources by Facility'. The main content area is titled 'Newsletters and Archived Communications' and has tabs for the years 2020, 2019, 2018, 2017, and 2016. Under the 'December' heading, there is a link for 'December 2020 LTCF Newsletter' with a sub-headline: 'Inside this Issue – We Appreciate You!, Long-term Care Facility Component 2020 Annual Facility Survey, 2021 NHSN LTCF Component Updates, NHSN Releases a New Long-term Care Option for Reporting Point of Care Testing Results for COVID-19, COVID-19 Data Reporting to NHSN What You Should Know, and more..'

# DIALYSIS COMPONENT

## Mark Your Calendars – Q2 2022 QIP Deadline

### Mark Your Calendars – Q2 2022 QIP Deadline

The 2022 Quarter 2 deadline (payment year 2024) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is right around the corner! The deadline for reporting is Friday, September 30, 2022 **at 11:59 PM PT**. Facilities reporting to NHSN should report all three months (April, May, and June 2022) of data no later than September 30, 2022, in order to receive full credit for Q2 2022 reporting and meet requirements for the CMS ESRD QIP.

## 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. Facilities are responsible for reporting complete and accurate data. Facilities should log into NHSN regularly to review data and ensure the facility and staff information are up to date. Facilities are encouraged to follow up on all hospitalizations to determine if a positive blood culture was collected within one calendar day of admission.

Below are three categories of data checks 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 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 have 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>

Additional information on implementing data quality checks and evaluations can be obtained at:

<https://www.cdc.gov/nhsn/pdfs/dialysis/Network-Data-Quality-Checklist.pdf>

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>

Additional information on implementing data quality checks and evaluations can be obtained at:

<https://www.cdc.gov/nhsn/pdfs/dialysis/Network-Data-Quality-Checklist.pdf>

### **Acute Kidney Injury (AK) Quarterly Data Quality Checks (DQC) Process Change**

There has been some confusion recently regarding Acute Kidney Injury (AK) Quarterly Data Quality Checks (DQC) and the reporting of AKI data in the National Healthcare Safety Network (NHSN). It is always important to have the most accurate, complete reporting in NHSN and your attention to AKI data issues is essential.

**Beginning with the Data Quality Check emails scheduled for August (September 30, 2022 QIP deadline), AKI DQC alerts will no longer be included with other Dialysis Event alerts.** AKI DQC emails will be sent two weeks after each QIP deadline and will provide information about: 1) what issues have been identified by the CDC, 2) how a facility can address those issues, and 3) a deadline for completing the AKI DQC by the facility.

The change in the DQC email process will allow each facility to ensure the facility has met QIP reporting requirements. This change will hopefully eliminate some confusion and the immediacy of addressing AKI data concerns prior to a QIP deadline.

## Changes to Dialysis COVID-19 Reporting

As of the July 30<sup>th</sup> release for NHSN (10.4.1), the NHSN Dialysis team has made modifications to the COVID-19 data reporting form for dialysis facilities. These changes include the removal of various sections and simplification of data reporting fields most essential to national public health surveillance efforts. These changes were made fully effective to users reporting data for the week ending August 16<sup>th</sup> or later. Given the evolution of the COVID-19 pandemic in dialysis facilities, these changes simplify reporting in the NHSN environment for users.

# GENERAL NHSN INFORMATION

## CDA Corner

### 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 via [NHSNCDA@cdc.gov](mailto:NHSNCDA@cdc.gov). We aim to reply to your email within 5 business days, but that timeline may vary depending on the complexity of the issue and the amount of investigation needed. If you don't hear from us within 5 business days, please send another email.

If your email involves messages sent via Direct CDA Automation not receiving a response, please first ensure it's been more than 24 hours since the messages were originally sent to NHSN via Direct. During specific times of the month, NHSN experiences a high volume of Direct submissions, and it can take a while for the NHSN servers to clear the queue. If it has been more than 24 hours since you sent the message via Direct, please help us in our investigation by providing the following details for your submissions (see example information below):

Facility Name	NHSN Facility ID#	Submitted Date/Time	Zip file Name	Message ID
Best Hospital Ever	12345	11/27/2018 13:15	AU123_NOV_2018	<a href="mailto:1230589110.20827.1543342802378.JavaMail.tomcat@vendor-hisp02">1230589110.20827.1543342802378. JavaMail.tomcat@vendor-hisp02</a>

We aim to reply to emails regarding missing Direct message responses within 1 business day but failure to provide the above information will extend the turnaround time.

### June CDA Vendor Webinar Slides

The slides presented on the June 29 CDA Vendor Webinar have been posted on the [CDA Webinars & Training Videos](#) page. That webinar contained a review of changes occurring in the 2022 NHSN releases that may impact vendors. The next vendor webinar is tentatively planned for Quarter 4, 2022.

### Antimicrobial Resistance Option Synthetic Data Set Validation Available!

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

AR Synthetic Data Set validation is required of all vendors prior to submission of January 2023 AR CDA files. This means that beginning in January 2023, all production AR Event and AR Summary CDA files must contain the SDS Validation ID (provided by the NHSN Team after confirmation of successful validation) and a Vendor (Application) OID. AR CDA files that do not contain this information will be rejected.

Release 1.1 was posted on the SDS Validation website in July and contained the following updates to the validation templates:

- AR Event Numerator
  - Two variables were added: AdmissionStatus & AdmissionDate
    - For AdmissionStatus, please use the format "Yes" and "No".
    - For AdmissionDate, please use the format YYYY-MM-DD and ensure the "Text" format is used for that column so Excel doesn't change the data to MM/DD/YYYY format.
  - Two variables were renamed: AbxSusLOINCCode & FinalInterpretation
  - One variable was removed: TestMethod

- AR Denominator (aka AR Summary)
  - Two variables were added: NHSNLocationTypeCode & NumEncounters

We've also recently updated the validation web services to make the errors more intuitive to aid vendors in troubleshooting.

If you have questions about the AR SDS or would like to set up a call to discuss the details, please email [NSHNCDA@cdc.gov](mailto:NSHNCDA@cdc.gov).

### Notes on the NHSN Release Schedule

- Release 11.1.0 is scheduled to be deployed on December 10
- Release 11.0.0 is scheduled to be deployed on October 20
- Release 10.1.5 was deployed on September 8
- Release 10.1.4 was deployed on July 30
- The NPPT site is currently on v 10.1.5.2
  - Please send any issues found to [NSHNCDA@cdc.gov](mailto:NSHNCDA@cdc.gov).

### HAI LabID Events Issues Resolved

Within release 10.1.4, NHSN resolved a defect that impacted HAI LabID Events where the evidence of previous infection question for LabID Events was showing as ',' (comma) in the 'prevPos' field in the database and in the LabID Event Reports. Also, extra questions were being displayed in the user interface (UI) for LabID Events when not applicable for the different organism types and/or whether inpatient or outpatient. Queries and scripts were run in NHSN Production to identify and correct all impacted records. As of August 1, 2022, the issues were resolved and data are now presented correctly in database, reports and in the UI.

### AR Option Event Issues Resolved

The AUR Team identified two issues that affected AR Option data. Both items were resolved in release 10.1.5. See the full details in the [AR Option Event Issues Resolved](#) section of this Newsletter.

### Release 11.0 – CDA Impact

The list below includes CRs currently slated for 11.0 which is tentatively planned for October 2022.

#### Long Term Care Facility Component

- NHSN will accept CDAs for LTCF LabID Events (CDI and MDROs). The CDA documentation for the LTCF LabID Events will be posted on the NHSN Resource Website.
  - [CDA Toolkits](#)
  - [Guide to CDA Versions](#)

#### Biovigilance Component:

- NHSN will be adding Pathogen Reduced Cryoprecipitated Fibrinogen Complex to Monthly Denominators in the Hemovigilance Module.

## COVID-19 Data Uploads

- Please visit the [NHSN COVID-19 Information webpage](#) for more details.
- Direct CSV Submission is available for the Long-Term Care and Dialysis pathways, Point of Care (POC) reporting, and vaccination uploads - specifically in the long-term care, dialysis, and healthcare personnel safety components. The accepted file formats are either CSV or HL7 2.5.1.
- Instructions on how to sign up for Direct and use this method is available on the [NHSN CSSP Importing Data webpage](#).
- COVID-19 Module is available for Long Term Care and Dialysis facilities.

## CDA Direct Automation

At this time, over 6,800 facilities have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the [NHSN CSSP Importing Data webpage](#).

## CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:					
Query Date Range	January 2020 - December 2020	April 2020 - March 2021	June 2020 - July 2021	May 2021 - April 2022	July 2021 - June 2022
Blood Stream Infection	56%	53%	55%	60%	61%
Urinary Tract Infection	45%	49%	50%	51%	50%
Surgical Site Infection	42%	53%	54%	57%	58%
Laboratory Identified Event	64%	72%	73%	75%	75%
Dialysis Event	74%	74%	74%	73%	72%
Central Line Insertion Practices (CLIP)	23%	32%	34%	38%	37%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	0%	37%	44%	56%	57%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%
Antimicrobial Use	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%
ICU /Other Summary	27%	32%	34%	39%	40%
SCA/ONC Summary	33%	41%	41%	47%	48%
NICU Summary	28%	35%	36%	43%	45%
MDRO Summary	8%	12%	13%	18%	20%
Dialysis Summary	56%	66%	68%	67%	67%
Hemovigilance Summary	0%	0%	0%	0%	0%
Surgical Procedure - via CDA	34%	54%	55%	60%	61%
Surgical Procedure - via CSV	56%	40%	39%	35%	34%

## Guide to CDA Versions

- The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify valid CDA imports based on the correct Implementation Guide.
- In addition, implementers can use the GitHub site to get all the latest xml (Schema, Schematron, and sample) files.
  - XML and Related files (Schematron, sample, html, stylesheet) are housed on the HL7 GitHub site: <https://github.com/HL7/cda-hai>

- The latest CDA Schema is located on the HL7 GitHub site: <https://github.com/HL7/cda-core-2.0/tree/master/schema/extensions>
- Release 10.1 IDM for vendors is available on the CDA Portal Implementation Toolkits & Resources Website: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>

## Guide to CDA Versions

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
<b>CDA Toolkit Release</b>	<a href="#">10.1</a>	<a href="#">9.5 &amp; 10.0</a>	<a href="#">9.4</a>	<a href="#">9.2 &amp; 9.3</a>
<b>DIALYSIS</b>				
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
<b>EVENTS</b>				
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

### 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>

## NHSN Help Desk Activity Update

### Quarter 3, 2022

(Averages)

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

## NHSN Enrollment Update

### NHSN Enrollment Update (as of September 09, 2022):

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

8,601 Outpatient Hemodialysis Facilities

6,435 Ambulatory Surgery Centers (ASCs)

18,619 Long-term Care Facilities

**41,687 Total Healthcare Facilities Enrolled**

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities.



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