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



# Patient Safety Component

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

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

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

Facilities can be in active engagement in two ways:

#### Option 1 – Pre-production and Validation

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

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

#### Option 2 – Validated Data Production

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

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.

Please join us for our upcoming Office Hours Q&A sessions:

- Tuesday, April 2 – 2:00-3:00pm ET  
Registration link: [https://cdc.zoomgov.com/webinar/register/WN\\_hd1a7XMYREGdjingOyeDgA](https://cdc.zoomgov.com/webinar/register/WN_hd1a7XMYREGdjingOyeDgA)
- Wednesday, May 8 – 3:00-4:00pm ET  
Registration link: [https://cdc.zoomgov.com/webinar/register/WN\\_-Di6gOFNQWYwTrZhda7-aA](https://cdc.zoomgov.com/webinar/register/WN_-Di6gOFNQWYwTrZhda7-aA)

## Protocol Updates

### NHSN to Require Reporting of Race, Ethnicity and Language (REaL) Data

Race and ethnicity data fields have long been included in the NHSN application as 'optional' data fields, but these data are seldom reported. The lack of these data significantly limits our understanding of how factors like race and ethnicity influence healthcare associated infections and vaccine uptake for influenza, COVID-19, and respiratory syncytial virus (RSV) vaccine by healthcare workers and long-term care facility residents. In order to advance our knowledge of the impacts and interactions of these factors, the NHSN Team is taking the following steps to improve the collection of these data using widely accepted standards for the transfer of clinical and administrative health data (such as Health Level Seven International (HL7)).

- First, the value sets (selection options) for race and ethnicity are being updated. This means a larger and more standardized list of race categories and ethnic groups will be available to choose from in the NHSN application. The updated race and ethnicity value sets will be available in Fall 2024.
- Second, we will expand beyond race and ethnicity and will dive deeper into population sub-groups who speak languages other than English. This expansion includes the addition of data fields such as primary language and need for an interpreter. The language data fields will also be available in Fall 2024.
- Third, responding to the data fields of race, ethnicity, primary language, and need for an interpreter will be required across all NHSN components and facility-types starting in 2025.

The NHSN Team is taking action to collect and standardize REaL data to improve our understanding of how these factors impact infection burden and vaccine uptake. Findings from analyses of these data can be used to inform action for hospitals, long-term care facilities, and state and local public health systems. Stay tuned over the next several months for more information about REaL data collection.

## AUR Module Updates

### 2023 NHSN Annual Hospital Survey Responses and Potential SAAR Value Changes

The 2023 NHSN Annual Hospital Survey is now available for NHSN facilities to complete. NHSN uses Annual Hospital Survey data for facility-level risk adjustment in SAAR models. Prior to the completion of the 2023 survey, your 2023 and 2024 SAARs were risk-adjusted based on your 2022 survey responses. Once your facility completes the 2023 survey and you generate new data sets within NHSN, those survey responses will be used to risk adjust your 2023 and 2024 SAARs instead. It is possible your 2023 survey responses may move your facility to a different risk adjustment category for one or more SAARs. If this happens, you will notice a change in your 2023 and 2024 SAAR values from what they were before your facility completed the 2023 Annual Hospital Survey. Refer to page 22 of the [SAAR Guide](#) for more information.

**Important note regarding NHSN SAAR reports:** There are known issues with the SAAR Report - All Adult and Ped SAARs by Location (2017 Baseline) report. We are hoping to get the report fully fixed soon for both facility and group users. In the meantime, we recommend exporting the entire analysis data set (Click the SAAR report > Click Export Data Set > Select the format of interest [e.g., .xlsx] > Click Export). The exported entire analysis data set has not had issues and should still be correct.

Antimicrobial Use and Resistance Module

- Antimicrobial Use Data
  - SAAR SAAR Report - All Adult and Ped SAARs (2017 Baseline)
  - SAAR SAAR Report - All Adult and Ped SAARs by Location (2017 Baseline)
  - SAAR SAARs (2018 Baseline)
  - SAAR SAARs by Location (2018 Baseline)
  - SAAR Pediatric SAARs (2017 Baseline)
  - SAAR SAARs (2018 Baseline)

Run Report

Modify Report

Export Data Set

### Export Analysis Data Set

Analysis Data Set: AU\_SAAR\_2017

Export Format: Excel spreadsheet (\*.xlsx)

Export Cancel

## Rebaseline Updates

### 2022 NHSN Rebaseline: Highlighting Rebaseline Resources

NHSN announced in [June 2023](#) that the Team is updating the national baseline used to calculate all healthcare-associated infection (HAI) standardized infection ratios (SIRs) and standardized utilization ratios (SURs) in the Patient Safety Component, using the 2022 national aggregate data. Since then, many educational resources and communication about the Rebaseline have been released.

The NHSN Rebaseline website is a hub for all information regarding the Rebaseline activities. NHSN Users and data consumers can visit the [2022 Rebaseline Website](#) to learn more about the Rebaseline including the overview and scope of the analyses being performed. You can also find an [FAQ](#) document that addresses many of the questions regarding this project on the website.

The [2024 NHSN Training](#) features a presentation regarding the rebaseline projects and progress made. This presentation will be posted on the NHSN website in the coming weeks.

Please submit questions regarding the rebaseline to [NHSN@cdc.gov](mailto:NHSN@cdc.gov), with subject line 2022 HAI Rebaseline.

## NHSN Education and Training

### Save the Date: 2024 NHSN Annual Virtual Training

Dear NHSN Users,

Mark your calendar - The Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) will host the live presentation sessions of the **2024 NHSN Virtual Training: Taking the Lead in Healthcare Surveillance and Analysis on March 18 – 22, 2024**.

This training event is intended for users of the Patient Safety Component and Outpatient Procedure Component, in NHSN. Registration will be open to all interested NHSN users.

This virtual training event will feature live presentations, pre-recorded training videos for self-paced viewing, and opportunities for Q&A.

Training topics include surveillance definitions and analysis for:

- Antimicrobial Use and Resistance
- Device-associated events
- New Digital Quality Measures (dQM)
- MRSA Bacteremia and C. difficile LabID events
- Outpatient Procedures
- Surgical Site Infection events

#### When

March 18-22, 2024

 [Add to My Calendar](#)

#### Questions

XXX-XXX-XXXX

[NHSNTrain@RainmakersSolutions.com](mailto:NHSNTrain@RainmakersSolutions.com)

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**More information will be delivered to you by VFairs company**, the platform we are using to deliver this training to you. Stay tuned for emails regarding registration information and the agenda.

Continuing education is pending for this activity.

Thank you! We look forward to seeing you at the 2024 NHSN Virtual Training!

To Register click here: <https://2024nhsntraining-psc.vfairs.com/>.

The NHSN Team

## HEALTHCARE PERSONNEL SAFETY COMPONENT

### Update on Weekly COVID-19 Vaccination Modules for Healthcare Personnel

The summary data collection form on reporting weekly COVID-19 vaccination data for healthcare personnel (HCP) was changed in January 2024. Below are some key points that describe these changes.

- Beginning with the week of January 1-7, 2024, questions related to COVID-19 primary series vaccination were removed and replaced with questions about up to date COVID-19 vaccination status.
- Up to date vaccination status is now captured in **question #2** (previously question #4).
- HCP who should be counted as up to date (question #2) are only those who have received the 2023-2024 updated COVID-19 vaccine.
- Be careful not to incorrectly over-report the number of HCP who are up to date. HCP who previously had complete primary series should NOT be counted as up to date (question #2) if they haven't received a 2023-2024 updated COVID-19 vaccine.
- **Questions 3.1-3.3**, reasons why an individual has not received vaccination (medical contraindication, declined, or other/unknown vaccination status), now refer to HCP who are not up to date with COVID-19 vaccination.

CDC held webinars on the form change in January 2024. Training slides from these webinars are linked below.

Training for facilities reporting COVID-19 vaccination data on HCP through the Long-term Care Facility Component: [LTCF Component Form Changes COVID-19 Vaccination - January 2024 \(cdc.gov\)](#)

Training for facilities reporting COVID-19 vaccination data on HCP through the Healthcare Personnel Safety Component: [HPS Component Form Changes COVID-19 Vaccination - January 2024 \(cdc.gov\)](#)

Information on how to classify individuals as being up to date with COVID-19 vaccination is found here: [COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination.](#)

## Reminder to Report Annual Healthcare Personnel Influenza Vaccination Data

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) are required to report healthcare personnel influenza vaccination summary data through NHSN.

IRF units (with a unique CCN) located within acute care facilities, long-term acute care facilities, critical access hospitals, and inpatient psychiatric facilities are also required to report healthcare personnel influenza vaccination data through NHSN.

These data are submitted through the NHSN Healthcare Personnel Safety (HPS) Component. The deadline to report these data for the 2023-2024 influenza season is **May 15, 2024**.

Training materials pertaining to annual healthcare personnel influenza vaccination data reporting are organized under the “Annual” reporting headings on this webpage: [HCP Flu Vaccination | HPS | NHSN | CDC](#). Information on upcoming webinars are posted here as well.

## DIALYSIS COMPONENT

### Mark Your Calendars – Q4 2023 QIP Deadline

The 2023 Quarter 4 deadline (payment year 2025) for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease Quality Incentive Program is right around the corner! The deadline for reporting is Monday, April 1, 2024 at **11:59 PM PT**. Facilities reporting to NHSN should report all three months (October, November, December 2023) of data no later than April 1, 2024, in order to receive full credit for Q4 2023 reporting and meet requirements for the CMS ESRD QIP.

## GENERAL NHSN INFORMATION

### NHSN VENDOR CORNER

#### Notes on the NHSN Release Schedule

- Release 12.0.1 was deployed to production on 02/01/24.
- Release 12.1.0 is scheduled to be deployed on 04/06/24.
- Release 12.2.0 is scheduled to be deployed on 06/29/24.
- The NPPT site is currently on v12.0.1.2.
  - Please send any issues found to [NHSNCDA@cdc.gov](mailto:NHSNCDA@cdc.gov).

#### Release 12.1 – CDA Impact

The list below includes the changes with impact to vendors currently slated for 12.1 which is planned for April 2024.

##### Biovigilance Component

- Adding Pathogen Reduces Cryoprecipitate Fibrinogen Complex to Monthly Denominators. This change will include adding the following products:

Product	NHSN Code	Vocabulary Value sets for ISBT codes
Pathogen Reduced Cryoprecipitated Fibrinogen Complex - Units Transfused	1346-6	52 – CRYO Fibrinogen Complex
Pathogen Reduced Cryoprecipitated Fibrinogen Complex - Total Discards	1347-4	52 – CRYO Fibrinogen Complex

### Dialysis Component

- The question/field - Access Used for Dialysis at the Time of the Event – is currently available in the UI as optional. This is being paired with the capability to send in CDA after implementing CDA IG R4-D2.2 for DIAL Events in release 12.1.0 and effective 1/1/2025 where this question/field will then be required in the UI and for CDA submission. CDA submission of this change can be tested in the NPPT site, v12.1.0.
- NHSN is planning to implement CDA version R4-D2.2 IG to import Dialysis Event data beginning with January 1, 2025. This version includes addition of two new fields for ‘Sex at Birth’ and ‘Gender Identity’, ability to send multiple races and enforcing race and ethnicity fields as required. The fields will be available and required in CDA, effective January 1, 2025. However, this change can be tested in the NPPT site, v12.1.0.

## Release 12.2 – CDA Impact

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

### Dialysis Component

- NHSN is planning to implement CDA R4-D2.2 IG version for Denominators for Outpatient Dialysis. The “Number of these patients for whom dialyzers are reused” field has been removed in this CDA version.
- NHSN is planning to implement CDA R4-D2.2 IG version for Events for Outpatient Dialysis. The “Access used for dialysis at the time of the event” field has been added as required in the CDA file for DIAL Events. The “Patient’s dialyzer is reused” question has been removed in this version.

### Patient Safety Component

- Within the AR Option, we will update display name for code IMICILRE (LOINC code: 96372-8) from “Imipenem-relebactam with Cilastatin” to “Imipenem-relebactam”. This is a human-readable change only. No changes are required to the CDA submissions.
- NHSN is planning to implement CDA version R4-D2.2 IG that includes addition of two new fields for ‘Sex at Birth’ and ‘Gender Identity’, ability to send multiple races and enforcing race and ethnicity fields as required. The fields will be available and required in CDA, effective January 1, 2025. However, this change can be tested in the NPPT site, v12.2.0. This change will impact the following:
  - Bloodstream Infection (BSI) Events
  - Antimicrobial Resistance Option (ARO) Events
  - Antimicrobial Resistance Option (ARO) Summary
  - Antimicrobial Use (AUP) Summary

\*Note: While AR and AU Summary records do not contain the ‘Sex at Birth’ and ‘Gender Identity’ fields, these CDA types are moving to the R4-D2.2 IG to be inline 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.



## Coming Later in 2024 – CDA Impact

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

### All Components

Starting in 2024, NHSN will be deploying CDA updates in the NPPT environment with the different releases to give the vendors time to develop and test throughout the year. However, the effective date in production will be January 1, 2025.

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

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

### Long Term Care Component

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

### Patient Safety Component

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

## AU Option SDS Update

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

## 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](mailto:nhsn@cdc.gov).

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

**VERY IMPORANT NOTES:**

- ServiceNow does not accept .zip files. The system will strip any .zip files from the email before it gets to the NHSN CDA Team. Please send .xml files only. If you need to send a large number of .xmls please let us know.
- If you email [NHSNCDA@cdc.gov](mailto:NHSNCDA@cdc.gov) the response will come from [cdcservicedesk@cdc.gov](mailto: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](mailto:NHSNCDA@cdc.gov) or [NHSN@cdc.gov](mailto:NHSN@cdc.gov) is on the To line. The system does not open a ticket if [NHSNCDA@cdc.gov](mailto:NHSNCDA@cdc.gov) or [NHSN@cdc.gov](mailto:NHSN@cdc.gov) is on the CC line.

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

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

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

**CDA Direct Automation**

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

**Guide to CDA Versions**

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

# Guide to CDA Versions

[Print](#)

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

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

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2024	2023	2022	2021
<b>CDA Toolkit Release</b>	<a href="#">12.0</a>	<a href="#">11.1</a>	10.1	9.5 & 10.0
<b>DIALYSIS</b>				
Dialysis Event	R3-D4	R3-D4	R3-D4	R3-D4
Dialysis Denominator	R3-D3	R3-D3	R3-D3	R3-D3
<b>EVENTS</b>				
Primary Bloodstream Infection (BSI)	R4-D1	R4-D1	R3-D3	R3-D3
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Urinary Tract Infection	R4-D1	R4-D1	R2-D1.1	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1
Ventilator-associated Event (VAE)	R4-D1	R4-D1	R3-D2	R3-D2

## As an Important Reminder...

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

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

## NHSN Helpdesk Activity Updates

### Quarter 1, 2024

(Averages)

- 104 new facilities enrolled in NHSN this quarter
- 45 Ambulatory Surgery Centers (ASCs) enrolled this quarter
  - 22,685 Tickets/Cases this quarter
  - 21,475 Tickets/Cases closed this quarter

## NHSN Enrollment Updates

### **NHSN Enrollment Update (as of March 07, 2024):**

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

8,697 Outpatient Hemodialysis Facilities

6,915 Ambulatory Surgery Centers (ASCs)

18,727 Long-term Care Facilities

**42,783 Total Healthcare Facilities Enrolled**

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

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



The Centers for Disease Control and Prevention (CDC)

MS-A24, 1600 Clifton Road, Atlanta, GA 30333

E-mail: [NHSN@cdc.gov](mailto:NHSN@cdc.gov); CDC's NHSN Website: [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)