NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

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CDC

PATIENT SAFETY COMPONENT

2021 Patient Safety and Outpatient Procedure Components Protocols and Related Documents

In case you didn't see the recent emails, NHSN has posted to the NHSN Website, the following documents for use beginning in January 2021. You may preview them now in preparation.

Patient Safety Component

- Surveillance Protocols
- Data Collection Forms
- Tables of Instructions (TOI)
- Updates for ICD-10 PCS and CPT codes for Surgical Site Infection Surveillance

Outpatient Procedure Component

- Surveillance Protocols
- Data Collection Forms
- Tables of Instructions (TOI)
- Updates for ICD-10 PCS and CPT codes for Surgical Site Infection Surveillance

These protocols are to be used beginning January 1, 2021. Until that time, please continue to use the 2020 protocols, which will remain posted on the lower left-hand corner of the NHSN home page under "Additional Resources." The PSC and OPC manuals will also be available on the lower left-hand corner of all of the event-specific pages under "Additional Resources". These 2020 documents will remain available until the Centers for Medicare and Medicaid Services' Quality Reporting Program deadline for 2020Q4 data, at which time they will be moved to the NHSN Data Validation webpages where they will remain available for facilities/agencies performing retrospective healthcare-associated infection (HAI) data validation.

Changes to Urinary Tract Infection (UTI) Protocol

Beginning January 1, 2021 two changes to the UTI Protocol go into effect:

- **Removal** of the age restriction for patients > 65 years of age without an indwelling urinary catheter (IUC)
- **Removal** of Urinary System Infection (USI) as a UTI specific type event

The Healthcare Infection Control Practices Advisory Committee (HICPAC) recommended removal of the exclusion of fever for patients > 65 years of age without an eligible IUC in place to simplify the application of the UTI definitions.

The USI change provides clinical relevance. Having USI as a specific event under the UTI major event had the potential to preclude the ability to have both an USI and a SUTI or ABUTI identified during the same RIT. The change in 2021 allows both USI and UTI to be identified and both events reported. Each major type event (USI and UTI) creates an RIT. This allows for more accurate event reporting.

NHSN provides the following guidance to establish a beginning point for applying the new criteria for UTI and USI event type transition. If the diagnostic test date or fist sign or symptoms in the absence of a diagnostic test occurs on or after January 1, 2021 and this finding is used to meet the NHSN USI site-specific criterion, the infection is assigned as a 2021 infection [the date of event is in 2021].

Consider the following examples:

DATE	First element used to meet UTI or USI criterion = X	Date of Event assignment:	First element used to meet USI or UTI criterion = X	Date of Event assignment:	First element used to USI or UTI criterion = X	Date of Event assignment:
December 29, 2020	X	Jan 1, 2021				
December 30, 2020	X	Jan 1, 2021	X	Jan 1, 2021		
December 31, 2020	X	Jan 1,2021	X	Jan 1, 2021	X	Jan 1, 2021
January 1, 2021	Diagnostic test or sign or symptom (in absence of diagnostic test) X	Jan 1, 2021	X	Jan 1, 2021	X	Jan 1, 2021
January 2, 2021			Diagnostic test or sign or symptom (in absence of diagnostic test) X	Jan 2, 2021	X	Jan 2, 2021
January 3, 2021					Diagnostic test or sign or symptom (in absence of diagnostic test) X	Jan 3, 2021

NOTE: A Quick Learn lesson providing details and further instructions on these changes will be posted on the NHSN web site in the near future. Users will be notified via email when the Quick Learn is available.

Location Mapping Updates: CMS reportable IPPS-Excluded Units in LTACHs, Psychiatric hospitals, and IRFs

The December 2020 NHSN update will now allow the following:

- *Long-Term Acute Care Hospitals can map inpatient psychiatric (IPF) and inpatient rehabilitation (IRF) units in NHSN*
- *Psychiatric hospitals can map IRF units in NHSN*
- *Free-standing Inpatient Rehabilitation Facilities can map IPF units in NHSN*

Long-Term Acute Care Hospitals, Pediatric Long-Term Acute Care Hospitals, and free-standing Inpatient Rehabilitation Facilities with CMS reportable inpatient psychiatric (IPF) units that have an IPF CCN can be mapped in the NHSN location manager. The IPF CCN should have 'M', 'S', 'SA', 'SB', 'SC', 'SD', or 'SE' in the 3rd position.

Long-Term Acute Care Hospitals, Pediatric Long-Term Acute Care Hospitals, and psychiatric hospitals with CMS reportable inpatient rehabilitation (IRF) units that have an IRF CCN can be mapped in the NHSN location manager. The IRF CCN should have 'R', 'T', 'TA', 'TB', 'TC', 'TE', 'TF', 'TG', 'TH', 'TJ', or 'TK' in the 3rd position.
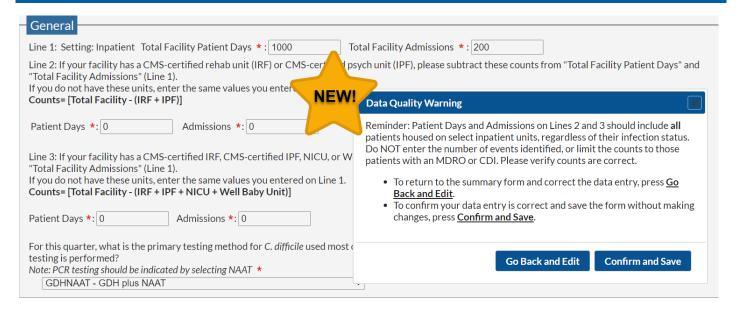
Acute Care and Critical Access Hospitals: New Warning Message on the FacWideIN MDRO/CDI Summary Form

Starting in January 2021, the NHSN application will use a "pop-up" data quality warning message to notify users when they may have entered inaccurate denominator data on Line 2 and/or Line 3 of the MDRO and CDI FacWideIN monthly denominator form. Data reported on the denominator form are used in the calculation of your facility's LabID Event rates and SIRs. Therefore, inaccurate data entry for patient days and/or admissions will result in an inaccurate calculation of your facility's SIR. The goal of this warning message is to alert facilities to *possible* data inaccuracies on the FacWideIN denominator form and applies to in-plan surveillance only.

This new data quality warning message will only appear when a user enters a value for patient days and/or admissions on Line 2 and/or on Line 3 that is **less than** 25% of the value entered on Line 1, respectively. For example, this warning message would appear if a user enters 1,000 patient days on Line 1 and 0 patient days on Line 2.

Acute Care and Critical Access Hospitals: New Warning Message on the FacWideIN MDRO/CDI Summary Form (continued)

General

Line 1: Setting: Inpatient   Total Facility Patient Days * : 1000   Total Facility Admissions * : 200

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-cer~~~~ psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1).
If you do not have these units, enter the same values you enter~~~~
Counts= [Total Facility - (IRF + IPF)]

Patient Days * : 0   Admissions * : 0

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or W~~~~
"Total Facility Admissions" (Line 1).
If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]

Patient Days * : 0   Admissions * : 0

For this quarter, what is the primary testing method for *C. difficile* used most ~~~~
testing is performed?
Note: PCR testing should be indicated by selecting NAAT *
GDHNAAT - GDH plus NAAT

NEW!

Data Quality Warning

Reminder: Patient Days and Admissions on Lines 2 and 3 should include **all** patients housed on select inpatient units, regardless of their infection status. Do NOT enter the number of events identified, or limit the counts to those patients with an MDRO or CDI. Please verify counts are correct.

- To return to the summary form and correct the data entry, press **Go Back and Edit**.
- To confirm your data entry is correct and save the form without making changes, press **Confirm and Save**.

Go Back and Edit   **Confirm and Save**

If applicable, the user must clear this warning before the NHSN application will save the summary form. To clear this warning, the user can select one of two options:

- "Go Back and Edit" will allow the user to return to the summary form and correct the inaccurate data entry. After correcting the data entry, the user can select "Save" again to save the changes.
- "Confirm and Save" will allow the user to save the summary form without making changes. This option should be used when the patient day and admission values entered on the summary form are accurate.

Instructions for the completion of the "MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring" form are available at: http://www.cdc.gov/nhsn/forms/instr/57_127.pdf.

LTACHs and IRFs: New Required Question on the FacWideIN MDRO/CDI Summary Form

Starting in January 2021, there will be a new required question on the MDRO and CDI FacWideIN monthly denominator form for Long-Term Acute Care Hospitals and free-standing Inpatient Rehabilitation Facilities. This new question will be displayed under Line 1 in the General Section of the monthly denominator form. Users will need to select an answer from the drop-down (Yes or No) before NHSN will save the summary form. This applies to in-plan surveillance only.

Long-Term Acute Care Hospitals and Pediatric Long-term Acute Care Hospitals:

The new question asks if your facility has a CMS-certified Inpatient Rehabilitation (IRF) or Inpatient Psychiatric (IPF) unit. If your facility does not have either of these unit types, please select "No" in the drop-down.

If your facility does have at least one of these unit types, please select "Yes" in the drop-down. If "Yes" is selected, Line 2 will be displayed and must be completed. Please follow the instructions on the screen for filling out Line 2 denominators.

Inpatient Rehabilitation Facilities:

The new question asks if your facility has a CMS-certified Inpatient Psychiatric (IPF) unit. If your facility does not have this type of unit, please select "No" in the drop-down.

If your facility does have an IPF unit, please select "Yes" in the drop-down. If "Yes" is selected, Line 2 will be displayed and must be completed. Please follow the instructions on the screen for filling out Line 2 denominators.

If you have questions about any of the changes above, please email NHSN@cdc.gov and use "MDRO and CDI FacWideIN Monthly Denominator Form changes" in the subject line.

PSC Annual Survey Bed Size Clarification

Facilities can start to complete the 2020 Patient Safety Component (PSC) Annual Survey on January 1, 2021. While there are no major changes to this year's survey, NHSN would like to clarify the question found on the survey about a facility's reported bed size. The following points are derived from common questions we have received in the past regarding a facility's bed size:

- The PSC annual survey enumerates the number of inpatient hospital beds set up and staffed within a facility for the majority of the previous calendar year.
    - o "Majority" is defined as at least 50% of operational months. For example, if your facility was not operational for 12 months in the previous calendar year, report the number of beds that were set-up and staffed for at least half of the months your facility was operational.
    - o "Staffed beds" refers to any inpatient bed to which a registered nurse or other healthcare professional is assigned.
- The total number of staffed inpatient beds should also include all new, overflow and surge/expansion beds that were used for inpatients for the majority of the previous calendar year.
- The number of licensed beds should *not* be used to calculate this field. We have found that the number of licensed beds does not accurately reflect the total number of staffed beds in use at facilities.
- Additional FAQs for the Annual Survey can be found here, https://www.cdc.gov/nhsn/faqs/faq-annual-survey.html#q5

Facilities will be able to start submitting annual surveys on January 1, 2021 and will have until March 1, 2021 to complete the survey. Failure to submit a survey by that time will result in a facility's future reporting plans to be locked for editing until the survey is submitted.

Please send questions to the NHSN Helpdesk: NHSN@cdc.gov with "PSC Annual Survey" in the Subject line.

Antimicrobial Use and Resistance Module Updates

NHSN Facility Administrators, De-clutter your Inbox by Assigning AU and AR Option Contacts for your NHSN Facility!

NHSN updated the User profile screen to include the ability to designate new and existing NHSN users as Antimicrobial Use (AU) and Antimicrobial Resistance (AR) Option contacts. NHSN Facility Administrators, if your facility submits data into the AU and/or AR Options, please edit the user profile for users that you'd consider to be the correct contact person for these two Options. 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. The NHSN AUR Team will use this information to target notifications for AUR related content like AU and AR quarterly users calls, updates regarding AUR resources, and data quality related outreach.

You can find the instructions for updating the AUR user profiles in the User Rights in NHSN AUR Module guide in the "Supporting Materials" section of the Antimicrobial Use and Antimicrobial Resistance Options page.

New AU Option Analysis Resources Posted

The NHSN AUR Module Team is excited to announce the posting of two new AU Option analysis resources to our webpage: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

2019 NHSN AU Option Data Report

This report is the first national summary of SAAR distributions and percentages of use for adult, pediatric, and neonatal locations. It provides data for action for Antimicrobial Stewardship Programs (ASPs), helping inform stewardship efforts by enabling hospitals to see how their SAARs compare to the national distribution. Further, the percentage of AU by class and drug within a SAAR antimicrobial agent category provides insight to prescribing practices across differing patient care locations.

Report: https://www.cdc.gov/nhsn/pdfs/datastat/2019-AU-Report-508.pdf

Data Tables: https://www.cdc.gov/nhsn/pdfs/datastat/2019-au-report-datatables.xlsx

Standardized Antimicrobial Administration Ratio (SAAR) Guide

The SAAR Guide was designed to provide guidance to NHSN AU Option users interested in obtaining a deeper understanding of the SAAR as a risk-adjusted metric and how SAARs can be used by ASPs for antibiotic stewardship.

SAAR Guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/au-saar-guide-508.pdf

AUR Updates in NHSN Release 9.5

AU Option drug updates for 2021 reporting

Beginning with January 2021 AU Option data, please make the following updates to your AU reporting:

- Add Amphotericin B lipid complex, Cefiderocol, Lefamulin, and Imipenem/cilastatin/relebactam
- Remove Doripenem, Erythromycin/Sulfisoxazole, and Piperacillin

AR Option Pathogen Update

The NHSN AUR Module Team has expanded the list of eligible AR Option pathogens to better capture the identification of specific pathogens. The AR Option Pathogen Roll-up Workbook must be used by all submitters to determine if a pathogen is eligible for submission into the AR Option and whether that pathogen needs to be rolled up to (or mapped-to) a higher-level concept to be accepted into NHSN. Facilities should work with their vendor to ensure all eligible pathogens are reported. The AR Option Pathogen Roll-up Workbook lists all pathogens that are eligible for AR Option reporting as of January 1, 2021. The AR Option Pathogen Roll-up Workbook and associated reference guide are posted within the Antimicrobial Resistance Option CDA Toolkit on this webpage: https://www.cdc.gov/nhsn/cdaportal/toolkits.html.

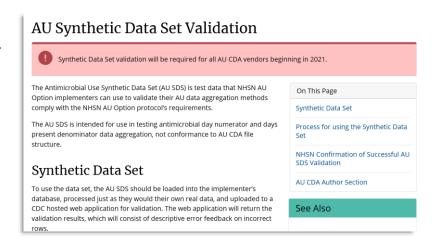**Updates to the AR Option Facility-Wide Antibiogram Report**

We've made updates to the AR Option Antibiogram report based on user feedback and CLSI standards. The updated report displays percent susceptible instead of percent non-susceptible. It also allows for greater customization from the user with new filters including organism category, drug class, onset, and location variables. An updated quick reference guide to walk users through how to modify and run this report will be available here: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html under "Analysis Resources". Be sure to check it out!

AU Option Synthetic Data Set Initiative

As a reminder, we have a webpage for Antimicrobial Use Synthetic Data Set (AU SDS) Validation here: https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html. It's important for AU reporting facilities to be aware of this new requirement and the validation status of their vendor. However, for facilities using an AU CDA vendor, there is no direct action needed from the facility. NHSN encourages facilities to ask their AU CDA vendor about their SDS Validation timeline to ensure it meets the **2021 requirement**. You can review vendors that have Passed the AU SDS Validation website.

Facilities that create their own AU CDA files in-house using their own "homegrown" IT or informatics resources need to go through the AU SDS Validation process. Please refer to the General NHSN Information CDA Corner section of the NHSN Newsletter below for additional information related to AU SDS Validation.

AU Synthetic Data Set Validation

⚠ Synthetic Data Set validation will be required for all AU CDA vendors beginning in 2021.

The Antimicrobial Use Synthetic Data Set (AU SDS) is test data that NHSN AU Option implementers can use to validate their AU data aggregation methods comply with the NHSN AU Option protocol's requirements.

The AU SDS is intended for use in testing antimicrobial day numerator and days present denominator data aggregation, not conformance to AU CDA file structure.

Synthetic Data Set

To use the data set, the AU SDS should be loaded into the implementer's database, processed just as they would their own real data, and uploaded to a CDC hosted web application for validation. The web application will return the validation results, which will consist of descriptive error feedback on incorrect rows.

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Synthetic Data Set

Process for using the Synthetic Data Set

NHSN Confirmation of Successful AU SDS Validation

AU CDA Author Section

See Also

OUTPATIENT PROCEDURE COMPONENT

Outpatient Component Data Quality Outreach

NHSN conducted outreach to facilities enrolled in our Outpatient Procedure Component (OPC) for the first time this past November. Only those facilities who had potential data quality issues with their reported procedure data were notified via email. Data quality focused on the following items:

- Patients BMI ≤ 13.00 on a procedure record.
- Patients BMI ≥ 60.00 on a procedure record.
- Procedure duration ≤ 5 minutes on a procedure record.

These issues were only identified with a handful of facilities, and most facilities enrolled in the OPC did not receive outreach from NHSN. The OPC team has made data quality outreach a high priority for 2021 and will continue to routinely check data entered across the OPC and will contact facilities who are identified as having a potential issue.

As we increase our efforts with data quality outreach via email, it is important that all facilities review their Outpatient Component Primary Contact. This information can be found by logging into your facility and navigating to the "Facility Info" page found under the "Facility Tab".

A list of your current contacts will be displayed at the bottom of this page. The email addresses found on this page are what is used by the OPC team when outreach is sent.

The OPC team appreciates the time and effort that facilities take to record their data into NHSN. We look forward to communicating more with facilities in 2021 to help strengthen the quality and use of their outpatient procedure data.

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

Revisions to Weekly Influenza Vaccination Reporting

CDC launched new weekly influenza vaccination data reporting modules in September 2020. This optional reporting aims to help facilities track influenza vaccination coverage of healthcare personnel and residents in long-term care and non-long-term care facilities during an influenza season.

After reviewing preliminary data, CDC modified data collection forms to reduce the reporting burden on facilities and improve data accuracy. Revised NHSN data reporting modules were released in November 2020. To review the revised data collection forms and training materials:

- o Long-term care facilities can visit: https://www.cdc.gov/nhsn/ltc/vaccination/index.html.

- o Non-long-term care facilities can visit:

  https://www.cdc.gov/nhsn/enrolled-facilities/index.html. Click on your facility type (such as acute care facilities) and then click on "Surveillance for Healthcare Personnel Vaccination."

CDC encourages facilities to review these new materials and continue to report weekly influenza vaccination data through NHSN. Please send an e-mail to: NHSN@cdc.gov with "HPS Flu Summary" in the subject line if you have any questions.

Weekly COVID-19 Vaccination Modules are Coming Soon

CDC will be releasing new weekly COVID-19 vaccination data reporting modules in December. These modules allow will allow reporting of COVID-19 vaccination coverage among:

- o Healthcare personnel working in long-term care facilities;
- o Residents of long-term care facilities; and
- o Healthcare personnel working in non-long-term care facilities (acute care hospitals, critical access hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, outpatient dialysis centers, and ambulatory surgery centers).

An additional module for reporting COVID-19 vaccination coverage for patients cared for by outpatient dialysis facilities is planned for release in 2021.

Comparable to the weekly influenza vaccination reporting, data will not be reported for individuals, but rather the cumulative number of healthcare personnel, long-term care facility residents, or dialysis patients receiving COVID-19 vaccine are to be reported in these modules. In addition, the weekly COVID-19 vaccination modules allow for reporting of COVID-19 vaccine supply and number of clinically significant COVID-19 vaccination adverse events in the last week, with a link to the Vaccine Adverse Event Reporting System (VAERS) https://vaers.hhs.gov/reportevent.html for reporting individual cases of adverse events.

Weekly COVID-19 Vaccination Modules are Coming Soon (continued)

Facility-level data collected through NHSN as part of the COVID-19 vaccination modules will be made available to a broader set of federal, state, and local agency data users than other data typically collected by NHSN. Specifically, COVID-19 data at the state, county, territory, and facility level submitted to NHSN will continue to be used for public health emergency response activities by CDC's emergency COVID-19 response, by the U.S. Department of Health and Human Services' (HHS') COVID-19 tracking system maintained in the Office of the Assistant Secretary of Preparedness and Response as part of the National Response Coordination Center at the Federal Emergency Management Agency (FEMA), and by the White House Coronavirus Task Force.

DIALYSIS COMPONENT

NHSN Dialysis Component Updates

The Centers for Medicare and Medicaid Services (CMS) deadline for reporting NHSN bloodstream infection (BSI) measure for **July 1, 2020 to September 30, 2020 (Q3 2020) is February 1, 2021.**

For questions, please contact the QIP helpdesk at ESRDQIP@cms.hhs.gov

The Dialysis COVID-19 Reporting in NHSN began in November 2020. There is a Dialysis COVID-19 website available at: https://www.cdc.gov/nhsn/dialysis/covid19/index.html
The website contains information specific for reporting COVID-19 data to NHSN. The website provides:

- Dialysis COVID-19 Enrollment Guidance
- Dialysis COVID-19 Training Slides
- Dialysis COVID-19 Training Video
- Dialysis COVID-19 Forms and Table of Instructions (TOI)
- Dialysis COVID-19 Frequently Asked Questions (FAQ) =
- Additional resources for enrollment and access to the NHSN application
- Facility Instructions for CSV Import
- Group User Instructions for CSV File Import

There are also additional links provided for ease of access to the latest CDC COVID-19 information and CMS Requirements.
For additional questions or concerns, please submit your inquiries to NHSN@cdc.gov

NHSN will be releasing our annual release in mid-December for CY 2021. Updates and changes for the Dialysis Community include:

- Updates were made to the Annual home Dialysis Survey and Outpatient Dialysis surveys. There are some new questions, some existing questions were updated, and some questions were deleted.
- There is a new alert "Missing Reporting Plan Data" that will alert facilities when they have created a Monthly Reporting plan with ERSD or AKI locations that do not have the DE Events box checked
- There is a new alert "Missing Reporting Plan Data" that will alert facilities when they have created a Monthly Reporting plan with ERSD or AKI locations that do not have the DE Events box checked.
- There has been an update for dialysis aggregate data from 2017 data to 2018 data for all dialysis rate tables and run charts.
- There has been an update to the footnote for Line Listing - CMS ESRDQIP report to let users know that AKI reporting is not part of QIP.

The Dialysis Team will be hosting a ZOOM meeting to review updates and changes in the next few weeks. Please look for the email announcement to register for the event. The webinar will be recorded and posted on the Dialysis Home page after the presentation.

BIOVIGILANCE COMPONENT

Hemovigilance Module Updates

Beginning January 2021, the Hemovigilance Module will incorporate new case definition criteria for transfusion-associated circulatory overload (TACO) to reflect an international effort to standardize reporting of this particular reaction (1).

1. Wiersum-Osselton JC, Whitaker B, Grey S, Land K, Perez G, Rajbhandary S, et al. Revised international surveillance case definition of transfusion-associated circulatory overload: a classification agreement validation study. 2019.

Questions Regarding Hemovigilance Module

For additional information please send all questions regarding the Hemovigilance Module (i.e., technical issues, support questions) to NHSN@cdc.gov and include 'Hemovigilance' in the subject line for a quicker response.

GENERAL NHSN INFORMATION

2021 NHSN Training Updates

Important Information – 2021 NHSN Training

Due to the travel concerns related to the COVID-19 pandemic, NHSN will not hold in-person annual training for 2021.

NHSN plans to post training videos on the following topics early in 2021:

- LabID Analysis in Acute Care Hospitals – FAQs and Troubleshooting
- MRSA Bacteremia and CDI LabID Event Reporting – Refresher
- Central Line-associated Bloodstream Infection (CLABSI) and Secondary BSI – Update
- Catheter-associated Urinary Tract Infection (CAUTI) – Update
- Ventilator-associated Event (VAE) and Pediatric Ventilator-associated Event (PedVAE) Analysis
- Surgical Site Infection (SSI) – Updates and Refresher
- Outpatient Procedure Component: How to Report and Analyze Custom Procedures
- Optimizing the Group User Analysis Experience
- Antibiotic Resistance and Changes to the Antibiogram
- Internal Validation
- TAP Reports and Tap Dashboard *Tentative*
- New CMS Requirement for Healthcare Personnel Influenza Vaccination Data Reporting

Following the release of the 2021 training videos, NHSN subject matter experts will hold a series of live Q&A sessions to address any questions related to information provided in the training.

Please stay tuned for more detailed information on the release of the videos and dates and registration information for the Q&A sessions. Please reach out to NHSNTrain@cdc.gov with any questions.

CDA Corner

Notes on the NHSN Release Schedule
- Release 9.4.12 was deployed to NHSN on 11/19/20. This release included the new COVID-19 Module for the Dialysis Component.
- Release 9.5 was deployed on 12/19/20. CRs will be available from 1/1/2021.
  - The NPPT site is currently on v9.5. 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
- Currently, COVID-19 Module is available for LTC and Dialysis facilities.

COVID-19 Addition to HAI CDAs

- The following CDAs will have a new COVID-19 question added: BSI, SSI, VAE, and UTI.
  - The companion guide to start development of these new CDAs can be found in "CDA 9.5 Guides" zip file within the Release 9.5 toolkit: https://www.cdc.gov/nhsn/cdaportal/toolkits.html.
  - The R4-D1 IG containing the newly added COVID-19 question will be released in Summer 2021.
- The COVID-19 question is currently optionally available for manual entry within the NHSN User Interface.

CDAs moving to R3-D4 IG version for Release 9.5 (effective January 2021)

- Event: If event date >= 2021, MUST use the R3-D4 version of the IG.
  - Dialysis Events

Reminder: AR Option Pathogen Roll-Up Workbook to be used for 2021 AR Option Reporting

The AR Option Pathogen Roll-up Workbook must be used by all submitters to determine if a pathogen is eligible for submission into the AR Option and whether that pathogen needs to be rolled up to (or mapped-to) a higher-level concept to be accepted into NHSN. The AR Option Pathogen Roll-up Workbook lists all pathogens that are eligible for AR Option reporting as of January 1, 2021. The AR Option Pathogen Roll-up Workbook and associated reference guide are posted within the Antimicrobial Resistance Option CDA Toolkit on this webpage: https://www.cdc.gov/nhsn/cdaportal/toolkits.html.

Antimicrobial Use Synthetic Data Set (AU SDS) version 4.3

Please use release 4.3 as the version for AU SDS Validation if you have not already passed AU SDS Validation as documented on the Vendors that have Passed the AU SDS Validation website.
We made the following minor changes to the data set:

- Operating room location types removed.
- Rehab facility location types changed to Inpatient rehab location type.
- Resolved issue caused by two consecutive patient movements with exact same timestamp.

The AU SDS release 4.3 can be downloaded from the main AU SDS Validation website.

Antimicrobial Use Option Synthetic Data Set Initiative – 2021 Requirement

Antimicrobial Use Synthetic Data Set (AU SDS) Validation is still expected of vendors prior to submission of AU CDA files beginning in January 2021. This means that all production 2021 AU Summary CDA files must contain the SDS Validation ID - provided by the NHSN Team after confirmation of successful validation - and must contain a Vendor (Application) OID. NHSN will reject 2021 AU Summary CDA files that do not contain this information. NHSN will continue to accept 2020 AU Summary CDA files without the SDS information.

It is the vendor's responsibility to obtain the Vendor (Application) OID. Please see the following website for instructions: https://www.cdc.gov/nhsn/cdaportal/au-sds/oid.html. Note that PHINTECH, the issuing authority of the Vendor OID, cannot answer questions about next steps about AU SDS Validation. If vendors still have questions after reviewing the AU SDS material including instructions and FAQs available on the CDA Submission Support Portal at the following link, https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html, then please email nhsncda@cdc.gov.

AU SDS FAQ

We encourage vendors to review all the AU SDS FAQs at the beginning and throughout working through AU SDS Validation as many of the questions that we receive are already answered here. AU SDS FAQs are available at the following link: https://www.cdc.gov/nhsn/cdaportal/au-sds/sds-faq.html

Antimicrobial Resistance Synthetic Data Set

We are still working on creating an Antimicrobial Resistance Synthetic Data Set (AR SDS). We hope to have a beta release at the end of this year and plan to begin piloting in 2021. If you would like to be a pilot participant, please send an email to nhsncda@cdc.gov indicating your interest.

If you have any AU or AR SDS questions, please email NHSNCDA@cdc.gov.

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	Jan. 1, 2018 - Dec. 31, 2019	April, 2018 - March, 2019	July, 2018 - June, 2019	October, 2018 - September, 2019	January, 2019 - December, 2019	April, 2019 - March, 2020
Blood Stream Infection	47%	44%	43%	43%	44%	47%
Urinary Tract Infection	44%	45%	45%	46%	46%	47%
Surgical Site Infection	40%	42%	43%	44%	45%	47%
Laboratory Identified Event	62%	64%	65%	66%	67%	68%
Dialysis Event	73%	74%	75%	75%	77%	77%
Central Line Insertion Practices (CLIP)	22%	23%	24%	25%	25%	26%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	-	0.3%	1.4%	4.0%	8%	12%
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	25%	27%	28%	29%	30%	30%
SCA/ONC Summary	30%	33%	34%	36%	37%	38%
NICU Summary	26%	28%	29%	30%	32%	32%
Surgical Procedure - via CDA	33%	34%	36%	39%	42%	45%
MDRO Summary	7%	8%	8%	9%	9%	10%
Dialysis Summary	54%	57%	56%	59%	62%	62%
Hemovigilance Summary	0%	0%	0%	0%	0%	0%
Surgical Procedure - via CSV	57%	57%	55%	52%	50%	47%

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.
- We've now included guidance for 2021: http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.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	2021	2020	2019	2018
CDA Toolkit Release	9.5 & 10.0	9.4	9.2 & 9.3	8.9 & 8.8
DIALYSIS				
Dialysis Event	R3-D4	R3-D1.1	R3-D1.1	R3-D1.1
Dialysis Denominator	R3-D3	R3-D3	R3-D1 or R3-D3	R3-D1
EVENTS				
Primary Bloodstream Infection (BSI)	R3-D3 & R4-D1	R3-D3	R3-D2	R9
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 so 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

Update for CDA Direct Automation

At this time, over 7,000 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.

NHSN Help Desk Activity Update

Quarter 4, 2020

Data Currently Unavailable: Please stay tuned for updates in the March 2021 newsletter.

NHSN Enrollment Update

NHSN Enrollment Update (as of December 22, 2020):

6,905 Hospitals (this includes 456 Long-term Acute Care Hospitals and 389 Free-standing Inpatient Rehabilitation Facilities)

7,757 Outpatient Hemodialysis Facilities

4,671 Ambulatory Surgery Centers (ASCs)

17,740 Long-term Care Facilities

37,073 Total Healthcare Facilities Enrolled

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

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

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