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June 2020

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

CDC

Inside this Issue:

National Healthcare Safety Network COVID-19 Activities

The year of 2020 will go down in history books as the year of the Coronavirus Infectious Disease 2019 (COVID-19) pandemic. Many of us will tell our grandchildren about how the country shut down, and how our personal lives as we knew them, changed drastically. Of course, for most of us, our professional lives also changed significantly. A pandemic, one of the things that Infection Preventionists had feared most and planned for, had occurred.

As we all dealt with the fluid realities of COVID-19 in and outside of healthcare facilities, NHSN identified the need for a national database to provide necessary information regarding the epidemiology of COVID-19 and to enable response to the needs of facilities and communities. In answer, on March 27, 2020, NHSN released the first iteration of the COVID-19 Module for acute care facilities. Initially the module was limited to the Patient Impact and Hospital Capacity (PIHC) Pathway and reporting through this module fulfilled the COVID-19 data requests outlined in Alex Azar's April 10, 2020 *Coronavirus (COVID-19) Pandemic: HHS Letter to Hospital Administrators* https://www.hhs.gov/about/news/2020/04/10/coronavirus-pandemic-hhs-letter-to-hospital-administrators.html . That first week, more than 1,600 facilities collected and reported summary information on patients with suspected and confirmed COVID-19, and the availability of hospital beds and ventilators.

Since that time, NHSN COVID-19 data has been used daily at national, state and local levels for situational awareness, and planning and response activities by groups which include the Federal Emergency Management Agency (FEMA), Centers for Disease Control and Prevention (CDC), Centers for Medicaid and Medicare Services (CMS), The Assistant Secretary for Preparedness and Response (ASPR), The National Response Coordination Center, The White House Task Force and local and state governmental emergency management and health department partners. More than 60% of hospitals in the U.S. consistently report data into the NHSN COVID-19 Module and through this high participation, CDC has been able to produce National and State Estimates on select Patient Impact and Hospital Capacity measures. These estimates are updated regularly on the NHSN COVID-19 Dashboard: https://www.cdc.gov/nhsn/covid19/report-overview.html. As the use of the Module becomes broader, so do the requests for additional and complimentary data. Since the release of that first version of the COVID-19 surveillance module there have been several version updates, including expanded data fields in the existing pathway, additional Healthcare Worker Staffing and Supplies pathways for acute care and a separate additional COVID-19 Module for long-term care facilities. Efforts to improve the usability of the data, including broadening the range of health environments it represents, continue. Early stage discussions include possible future surveillance for patients with COVID-19 and personal protective equipment availability in the dialysis arena, use of remdesivir for COVID-19 treatment, and healthcare worker uptake of a COVID-19 vaccine, should one be released in the fall. From a broader perspective the COVID-19 Modules may also serve as a framework for use in the future with other pandemics or far-reaching epidemics or outbreaks. Thank you for all of the contributions you have made to this historical public health response by providing this data.

For more information, please visit:

Patient Safety Component COVID-19 Module: https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html

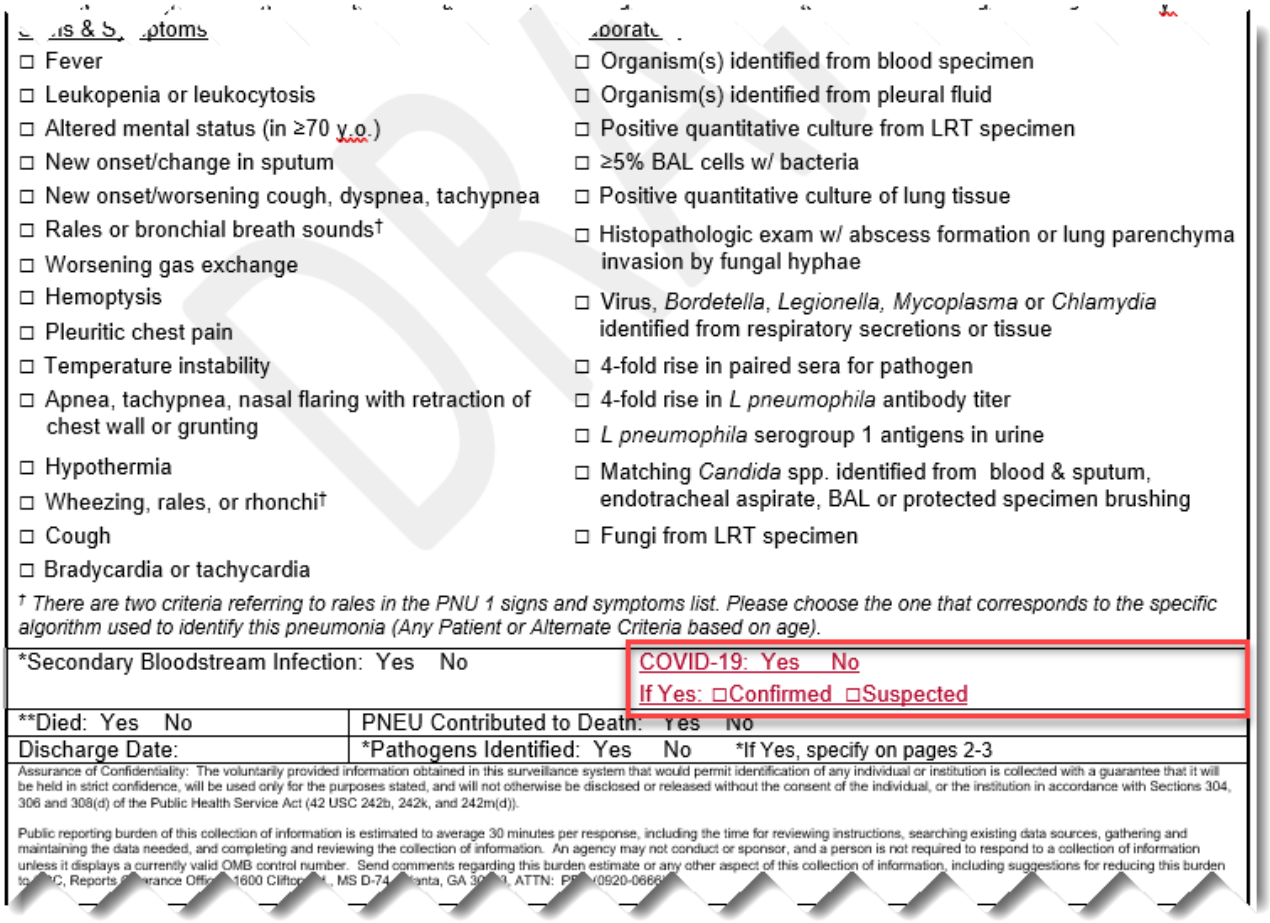
Long Term Care Facility Component COVID-19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html

PATIENT SAFETY COMPONENT

Patient Safety Component Event COVID-19 Reporting Field Addition

Are you interested in being able to document when a CLABSI or VAE, for instance, is associated with COVID-19? Well, good news: A new reporting field to indicate an event was identified in a patient with COVID-19 is planned to be added to the following Patient Safety Component events: Bloodstream Infection (BSI), Urinary Tract Infection (UTI), Surgical Site Infection (SSI), Pediatric Ventilator Associated Pneumonia and non-ventilator associated Pneumonia (pedVAP and PNEU), Ventilator Associated Event (VAE) and Pediatric Ventilator Associated Event (PedVAE). The field, which will be available in the next few weeks, will help to identify events associated with patients who meet the COVID-19 module definitions for Confirmed COVID-19 and Suspected COVID-19. If the COVID-19 box is checked yes, the user will have the ability to distinguish whether COVID-19 was laboratory confirmed or suspected. The COVID-19 field will be optional for completion until NHSN has enabled CDA capture of the data, at which time the field will become required. This is tentatively scheduled for January 2021.

Answering 'Yes' to this field will NOT exclude the event from being included in NHSN aggregate data analysis, rate or SIR determinations for the facility nor will it exempt the event from CMS reportable measures. The responses to this field will be informative to the ongoing assessment of HAIs during the COVID-19 pandemic.



☐ Fever
☐ Leukopenia or leukocytosis
☐ Altered mental status (in ≥70 y.o.)
☐ New onset/change in sputum
☐ New onset/worsening cough, dyspnea, tachypnea
☐ Rales or bronchial breath sounds†
☐ Worsening gas exchange
☐ Hemoptysis
☐ Pleuritic chest pain
☐ Temperature instability
☐ Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting
☐ Hypothermia
☐ Wheezing, rales, or rhonchi†
☐ Cough
☐ Bradycardia or tachycardia

☐ Organism(s) identified from blood specimen
☐ Organism(s) identified from pleural fluid
☐ Positive quantitative culture from LRT specimen
☐ ≥5% BAL cells w/ bacteria
☐ Positive quantitative culture of lung tissue
☐ Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae
☐ Virus, *Bordetella*, *Legionella*, *Mycoplasma* or *Chlamydia* identified from respiratory secretions or tissue
☐ 4-fold rise in paired sera for pathogen
☐ 4-fold rise in *L pneumophila* antibody titer
☐ *L pneumophila* serogroup 1 antigens in urine
☐ Matching *Candida* spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing
☐ Fungi from LRT specimen

† *There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).*

*Secondary Bloodstream Infection: Yes No

COVID-19: Yes No
If Yes: ☐Confirmed ☐Suspected

**Died: Yes No | PNEU Contributed to Death: Yes No
Discharge Date: | *Pathogens Identified: Yes No *If Yes, specify on pages 2-3

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden

COVID-19 Data Quality Issues

The NHSN team has noticed several data entry errors made by hospitals reporting data into the Patient Impact and Hospital Capacity pathway of NHSN's COVID-19 Module. It is imperative that the COVID-19 data entered into NHSN are accurate, as these data are used for several high priority national and state response activities. The NHSN team requests that all hospitals review the information below and confirm that accurate counts are being collected and entered into NHSN for all data entry fields. If accurate data cannot be collected for any of the fields, please leave those fields blank.

The list below provides guidance on common errors:

1. PREVIOUS DAY'S ADMISSIONS WITH CONFIRMED COVID-19
    a. This field is asking for the number of new patients who were admitted to your hospital on the previous day with confirmed COVID-19. This should *not* be a count of the total number of patients with confirmed COVID-19 in your hospital on the previous day.
    b. *Example: Hospital A is entering data for June 1st. On May 31st (the previous day), they had a total of 25 patients hospitalized with confirmed COVID-19. Three of these patients were admitted that day, on May 31st. The correct number to report for this data entry field is 3.*

2. PREVIOUS DAY'S ADMISSIONS WITH SUSPECTED COVID-19
    a. This field is asking for the number of new patients who were admitted to your hospital on the previous day with suspected COVID-19. This should *not* be a count of the total number of patients with suspected COVID-19 in your hospital on the previous day.

3. Bed Counts (including ALL HOSPITAL BEDS, HOSPITAL INPATIENT BEDS, HOSPITAL INPATIENT BED OCCUPANCY, ICU BEDS, ICU BED OCCUPANCY, Neonatal ICU (NICU) BEDS, and NICU BED OCCUPANCY)
    a. These fields should only include beds that are currently staffed. The only beds that should be counted are those that that are set-up, staffed, and ready to (or already) house a patient. These counts should not include "planned" beds, or beds that *could be* made available under a surge capacity plan, unless such a plan has been operationalized.
    b. *Example: Hospital A is entering data for June 1st. The hospital has an outpatient surgery PACU location; however, under a surge plan, the PACU can be set-up to receive and house ICU patients. Hospital A has not yet activated this surge plan, and as of June 1st, the PACU is being used solely for outpatient surgery patients. The beds in PACU should not be counted under HOSPITAL INPATIENT BEDS or ICU BEDS, since this location is being used exclusively for outpatients. If, on June 2nd, ICU patients are now being admitted and housed in the PACU, then the PACU beds would be counted under HOSPITAL INPATIENT BEDS and ICU BEDS for June 2nd.*

If you have discovered inaccuracies in your facility's data entry, we ask you to ensure that any future data entry, from this point forward, is accurate. We also encourage facilities to make corrections to historical data, to the extent possible.

The NHSN team expresses our sincere gratitude for all the hard work and tireless dedication being shown by hospital staff around the country. If you have any questions, or need further clarification on the data entry requirements for NHSN, please refer to the instructions document below or email us at nhsn@cdc.gov.

Tables of instructions: https://www.cdc.gov/nhsn/pdfs/covid19/57.130-toi-508.pdf

COVID-19 and Ventilator-Associated Events (VAE) Surveillance

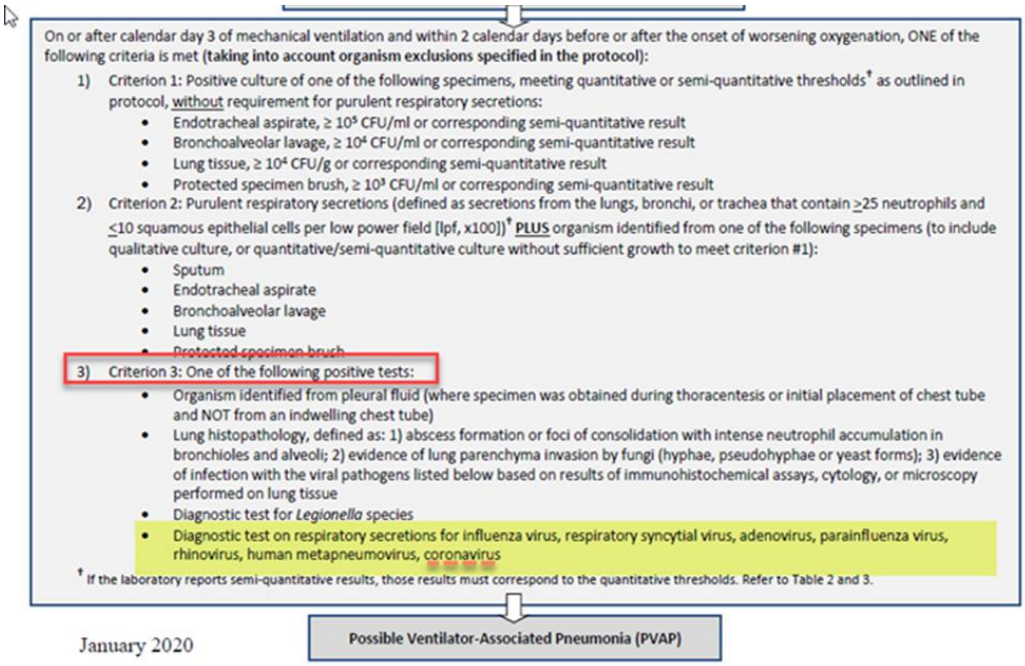
NHSN has recently heard from several facilities indicating they are identifying VAEs in patients with COVID-19, and they want to know if there is an exception from VAE surveillance for these patients.

There is no exclusion for reporting VAE events (VAC, IVAC, or PVAP) identified in patients with COVID-19. This is consistent with non-exclusion of patients with community-acquired or healthcare-associated pneumonia when conducting in-plan VAE surveillance. If you are conducting VAE surveillance and a VAE is detected and attributed to an in-plan location, the event is to be reported at the highest level met in the VAE algorithm – VAC, IVAC, or PVAP. If both VAC and IVAC are met and a respiratory secretions specimen (for example, a nasopharyngeal specimen) with collection date during the VAE window period identifies COVID-19 (SARS CoV-2), the PVAP Criterion 3 (see below) is met and the pathogen is reported as Human Coronavirus.

If it is helpful for a facility to distinguish these events for internal tracking purposes, when reporting the event to NHSN a notation may be made in the Comment field, for example, 'Patient with COVID-19', or a custom field can be added. (Custom fields can be created from the Custom Options page accessed by selecting Facility>Customize Forms from the left navigation bar in the NHSN application https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/customfields.pdf.)

Capture of VAE events related to COVID-19 (all tiers) when conducting VAE surveillance will provide valuable information which ultimately may improve patient care. Continued participation in in-plan VAE surveillance reporting will contribute to the knowledge gained. NHSN is working to provide a data field to capture COVID-19 status (see **Patient Safety Component Event COVID-19 Reporting Field Addition**, page 3).

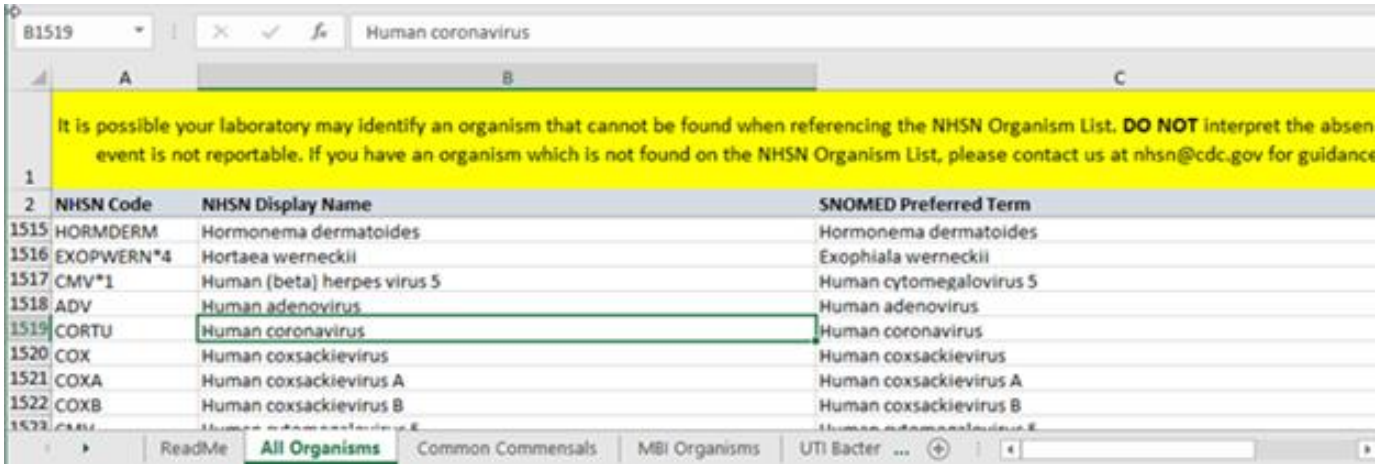
VAE Surveillance Algorithm, PVAP Tier: Respiratory secretions positive for COVID-19 meet Criterion 3



COVID-19 and Ventilator-Associated Events (VAE) Surveillance continued on page 6

COVID-19 and Ventilator-Associated Events (VAE) Surveillance (continued)

NHSN Organism List: SARS-CoV-2 (COVID-19) pathogen is reported as Human coronavirus



B1519 | Human coronavirus

	A	B	C
1	It is possible your laboratory may identify an organism that cannot be found when referencing the NHSN Organism List. **DO NOT** interpret the absen event is not reportable. If you have an organism which is not found on the NHSN Organism List, please contact us at nhsn@cdc.gov for guidance		
2	**NHSN Code**	**NHSN Display Name**	**SNOMED Preferred Term**
1515	HORMDERM	Hormonema dermatoides	Hormonema dermatoides
1516	EXOPWERN*4	Hortaea werneckii	Exophiala werneckii
1517	CMV*1	Human (beta) herpes virus 5	Human cytomegalovirus 5
1518	ADV	Human adenovirus	Human adenovirus
1519	CORTU	Human coronavirus	Human coronavirus
1520	COX	Human coxsackievirus	Human coxsackievirus
1521	COXA	Human coxsackievirus A	Human coxsackievirus A
1522	COXB	Human coxsackievirus B	Human coxsackievirus B

ReadMe | All Organisms | Common Commensals | MBI Organisms | UTI Bacter ...

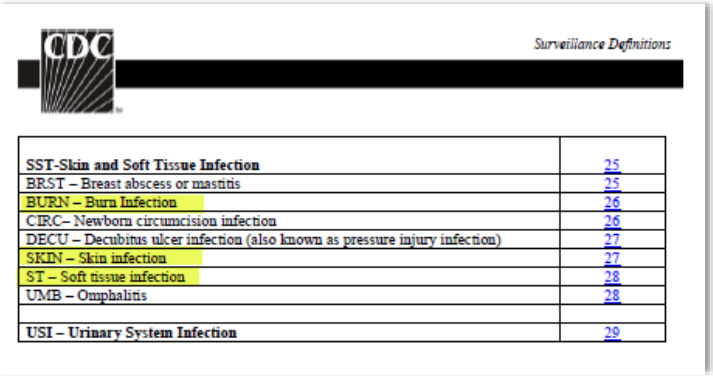
How Does NHSN Define the Term "Skin Graft"?

In 2020, a reporting instruction was added to the BURN, SKIN and ST criteria to address skin grafts placed over burn wounds. The reporting instruction reads as follows:

"BURN criteria should not be used to identify infections in burn wounds that have been grafted. In the setting of a skin graft, over a burn wound, use the SKIN or ST criteria."

For NHSN surveillance reporting purposes, the term "skin graft", refers to permanent skin grafts only. If a temporary dressing or graft is placed in or over a burn wound, the BURN criteria should be used for these patients until a graft that is intended to be permanent, is placed.

For additional questions or input, please contact us at NHSN, Attn: BSI team at NHSN@cdc.gov.



CDC *Surveillance Definitions*

Corrections for 2020 NHSN Procedure Codes

The following applies to all facilities participating in the Patient Safety Component performing surgical site infection surveillance. The below summary includes corrections that have been made to the NHSN procedure and medical code documents. The ***corrections only apply to procedures with a procedure date of January 1, 2020 and later***.

Facilities are advised to double check their SSI data for any of the operative procedure and medical codes listed in the summary and make any necessary updates to procedure records. Procedure records may need to be edited or removed from the application as a result of these changes.

The operative procedure code documents have been corrected and posted on the NHSN SSI webpage https://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html in the Supporting Materials section.

Please note:

- Documents that include corrections can be readily identified by "Updated May-2020" in the title link.
- Documents also include "Updated 05-2020" on the first tab and/or in the document header.
- Specific procedure codes that have been corrected are highlighted in green within the documents.
  Be aware: corrections where codes have been removed are not highlighted in green.

Your corrections should be made prior to August 15, 2020 to ensure that your data are accurately shared with the Centers for Medicare and Medicaid Services (CMS) as part of the Inpatient Quality Reporting Program. Please be aware once data are reported to CMS, we are unable to resubmit edited or corrected data.

We apologize for the inconvenience and greatly appreciate your help in maintaining high quality data.

Please let us know if you have any questions or concerns at NHSN@cdc.gov with the Subject Line "2020 Procedure Code Corrections".

Corrections for 2020 NHSN Procedure Codes are available here: https://www.cdc.gov/nhsn/pdfs/ssi/procedure-code-corrections-508.pdf

Delay to Release of Neonatal Component and Late Onset Sepsis and Meningitis (LOS/MEN) Module

The Neonatal Component and its Late Onset Sepsis and Meningitis (LOS/MEN) module release has once more been delayed from December 2020 to a tentative date of summer 2021.

This delay is due to NHSN development work necessary for COVID-19 surveillance.

We apologize for the delay. If you have any questions or concerns, please send them to NHSN@cdc.gov.

Antimicrobial Use and Resistance Module Updates

Remdesivir Added to AU Option

The NHSN AU Option team is adding Remdesivir to the list of drugs reported to the AU Option in an upcoming NHSN release tentatively scheduled for late June. NHSN will require Remdesivir in AU files for all summary months on or after July 2020. **AU files for summary months on or after July 2020 will fail to upload into NHSN if they do not include Remdesivir.** Additionally, facilities can optionally include Remdesivir in AU files for summary months January – June 2020. Please work with your vendor and/or internal informatics team to ensure your AU files are updated to include Remdesivir for July 2020 records moving forward.

Newly Available AUR Module Resources

- 2020 Training Materials found under Training on our AUR Webpage: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.
    - New recordings are now available for the AU Option. The "AU Option: Reporting and Analysis" and "Standardized Antimicrobial Administration Ratio (SAAR)" videos highlight 2020 updates and include information on the 2018 baseline Neonatal SAARs.
    - While the AR Option training was not re-recorded, we've posted a slide deck highlighting the small changes to AR Option reporting for 2020.
- 2017 Baseline Adult and Pediatric SAAR Details
    - The manuscript highlighting the 2017 adult and pediatric SAAR model development process has been published: https://pubmed.ncbi.nlm.nih.gov/32215655/. Additionally, model parameters are available in the supplementary material included with the article.

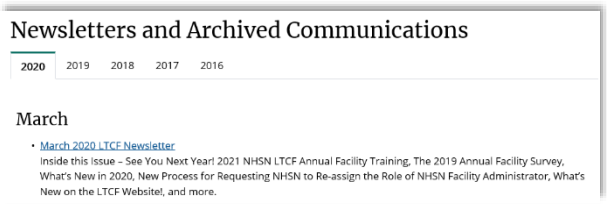
AU Option Synthetic Data Set Initiative

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**.

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


Newsletters and Archived Communications

2020 2019 2018 2017 2016

March

- March 2020 LTCF Newsletter
  Inside this Issue – See You Next Year! 2021 NHSN LTCF Annual Facility Training, The 2019 Annual Facility Survey, What's New in 2020, New Process for Requesting NHSN to Re-assign the Role of NHSN Facility Administrator, What's New on the LTCF Website!, and more.

DIALYSIS COMPONENT

CMS ESRD QIP Reporting and Deadlines in Response to COVID-19

The Centers for Medicare and Medicaid Services (CMS) is granting an exception for the dialysis End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) facilities for the following reporting requirements under ESRD QIP:

For the NHSN blood stream infection (BSI) measure and NHSN reporting measure

June 30, 2020 and September 30, 2020 reporting deadlines for encounters during the following periods:

- January 1, 2020 to March 30, 2020 (Q1 2020)
- April 1, 2020 to June 30, 2020 (Q2 2020)

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

Additional information can be found here: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf

BIOVIGILANCE COMPONENT

Hemovigilance Module Updates

The Hemovigilance module has been updated to allow users to link convalescent plasma blood component codes with any transfusion-related adverse reaction. COVID-19 convalescent plasma blood component ISBT-128 codes will be available on the adverse reaction form, under the Component Details section, by selecting the ISBT-128 component code option. We are committed to meeting the changing needs of our NHSN users due to the COVID-19 pandemic. This functionality will be available by May 21, 2020.

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 fastest response.

GENERAL NHSN INFORMATION

NHSN Training Updates

New and updated NHSN training materials are now available on the NHSN website! Please see details below:

2020 NHSN Patient Safety Component and Outpatient Procedure Component Update Webinars

The 2020 NHSN Update Webinars videos and slide decks have been posted to the NHSN website. The series of four webinars include 2020 Patient Safety Component protocol, annual survey, and analysis updates, an Outpatient Procedure Component case scenario, and Antibiotic Use and SAAR updates.

You can find the videos and slides on the following NHSN webpages:

- Patient Safety Component Protocol and Annual Facility Survey Updates - https://www.cdc.gov/nhsn/training/patient-safety-component/index.html
- Patient Safety Component Analysis Updates - https://www.cdc.gov/nhsn/training/patient-safety-component/index.html
- Outpatient Procedure Component (OPC) Case Scenario - https://www.cdc.gov/nhsn/training/opc/index.html
- Antimicrobial Use (AU) Option: Reporting and Analysis - https://www.cdc.gov/nhsn/training/patient-safety-component/index.html (under the AUR section)
- Standardized Antimicrobial Administration Ratio (SAAR) - https://www.cdc.gov/nhsn/training/patient-safety-component/index.html (under the AUR section)

Because NHSN did not hold the live annual training in 2020, please plan to also use the 2019 NHSN Annual Training videos and slides for training throughout 2020. PDF documents detailing changes to information presented in the 2019 videos and slides have been posted alongside the 2019 videos and slide PDFs on the website.

All 2019 NHSN Training videos and slide PDFs are located on the NHSN training page at: https://www.cdc.gov/nhsn/training/continuing-edu/trainingvideos.html

Self-paced Online Courses

The interactive self-paced training courses have been updated for 2020 and are now available on the NHSN website.

Courses for the **Patient Safety Component** include: Introduction to Device-associated module, CLABSI, CAUTI, PNEU, VAE Part 1, VAE Part 2, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, and SSI.

Courses for the **Outpatient Procedure Component** include: OPC- Same Day Outcome Measure and OPC-Surgical Site Infection Parts 1, 2, 3, and 4.

These online courses provide instructional slides with detailed graphics, screen shots with step by step examples of form completion for instructional purposes, practice questions, and case study examples. Hyperlinks to the forms, protocols and NHSN manual are available throughout the courses and available for printing if needed. All interactive self-paced trainings are available here: https://www.cdc.gov/nhsn/training/continuing-edu/cbts.html

NHSN Training Updates continued on page 11

Quick Learns

Tapping into HAI Prevention Targeted Assessment for Prevention Strategy (TAP) Using Data for Action

A new 15-minute Quick Learn resource will discuss how to generate and interpret Targeted Assessment for Prevention Strategy (TAP) Reports as part of the strategy facilities, health departments, and other groups can use to guide HAI prevention efforts.

Click **here** to view our short video and learn more about the three components of Targeted Assessment for Prevention Strategy (TAP), how to calculate the Standardized Infection Ration (SIR) and Cumulative Attributable Difference (CAD) and how to create a TAP report in NHSN.

NHSN COVID-19 Module Training

NHSN has supported the nation's COVID-19 response by introducing new COVID-19 Modules for Acute Care and Long-term Care Facilities.

The NHSN subject matter experts have presented several webinars on the COVID-19 Modules that are available to view on the website under "Training":

Acute Care COVID-19 Module: https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html

- COVID-19 Patient Impact and Hospital Capacity Training Webinar
- COVID-19 Healthcare Worker Staffing and Supplies Pathways Webinar
- COVID-19 Module: Acute Care Update

Long-term Care Facilities COVID-19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html

- COVID-19 Module Overview for LTCFs
- COVID-19 Module Enrollment Guidance for LTCFs
- Group Guide to Using LTCF COVID-19 Module
- COVID-19 Data Quality Webinar

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

CDA Corner

Remdesivir Added to AU Option

The NHSN AU Option team is adding Remdesivir to the list of drugs reported to the AU Option in an upcoming NHSN release tentatively scheduled for late June. NHSN will require Remdesivir in all AU files for summary months >= July 2020. **AU files for summary months on or after July 2020 will fail to upload into NHSN if they do not include Remdesivir.** Additionally, facilities can optionally include Remdesivir in AU files for summary months January – June 2020.

Please use the RxNorm code 2284718 to report Remdesivir in the AU CDA files as shown in the below IDM screenshot.

Planned Version	Defect /CR	Value	Code	displayName	codeSystem	Valueset AURPH
9.4.6	2462	2284718	REMDE	REMDE - Remdesivir	2.16.840.1.113883.6.88	X

Important Update to the NHSN Release Schedule

- Release 9.5 was previously scheduled for Summer 2020, with release 10.0 planned for Winter 2020. Release 9.5 will now be moved to the end of the year and combined with Release 10.0. The end of year release (now referred to as Release 9.5) will include CRs and defects previously scheduled for both summer and winter releases.
- The release of the Neonatal Component will be postponed until 2021.

COVID-19 Data Uploads

- NHSN is accepting COVID data via CSV file or manual entry
- Submissions can be made for hospitals and Long Term Care Facilities
- Please visit the webpage for more information https://www.cdc.gov/nhsn/covid19/index.html

CDAs moving to R3-D4 IG version for release 9.5 (January 2021):

- Event: If event date >= 2021, MUST use the R3-D4 version of the IG.
  - Dialysis Events
- Summary: If Summary month is >= 2021, MUST use the R3-D4 version of the IG.
  - Denominators for Antimicrobial Resistance (AR)
- Late Onset Sepsis and Meningitis (postponed)
  - Event and Summary will be based on R3-D4 IG

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 beginning in January 2021, all production 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. AU Summary CDA files that do not contain this information will be rejected.

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.

CDA Corner continued on page 13

Varying Vendor Capabilities for Capturing All Drugs and All Routes
It has come to our attention that vendor systems have varying capabilities for capturing all drugs and all routes.

For AU Synthetic Data Set (AU SDS) Validation, if your system is not capable of reporting blank (or null) values for some of the routes of administration while reporting values for other routes (for example, reporting null for Penicillin V respiratory route while reporting numeric values for the remaining routes), please use this link to validate your AU SDS Summary Excel file: https://nhsnpilot.ng.philab.cdc.gov/AUValidation-Zero/home.html

If your system can report blank (or null) values for some of the routes while reporting numerical values for others, please use this link to validate your AU SDS Summary Excel file: https://nhsnpilot.ng.philab.cdc.gov/AUValidation-Production/home.html

Vendors only need to submit and test against one of these URLs, not both. It depends on your specific situation as described above.

New AU SDS FAQ
We have a new AU SDS FAQ related to the difference between the vendors shown on the NHSN AU SDS website and the vendors shown on the Society of Infectious Diseases Pharmacists website.

The Society of Infectious Diseases Pharmacists website lists vendors that self-identify as providing services and software that allow NHSN AUR Module participation.

The NHSN AU SDS website lists vendors that completed the NHSN AU SDS validation process for their AU reporting solution. The validation process involves vendors using the AU Synthetic Data Set to demonstrate that their system can properly aggregate AU data following the AUR Module Protocol definitions. The NHSN application will require AU SDS Validation for all AU CDA vendors beginning in 2021.

For a complete list of AU SDS FAQs, including the above FAQ #23, please use 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). While the complete timeline of a pilot phase is still TBD, we hope to have a beta release this year. 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 Corner continued on page 14

CDA Corner (continued)

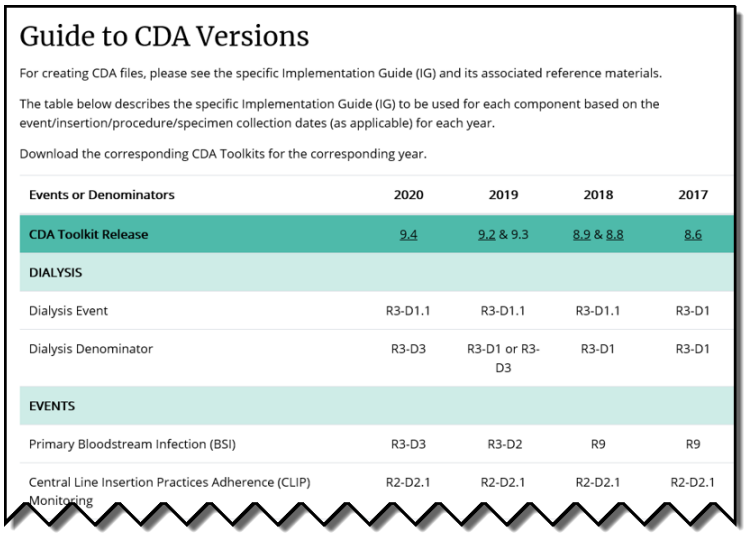
CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:

Query Date Range	Oct. 1, 2017 - Sept. 30, 2018	Jan. 1, 2018 - Dec. 31, 2019	April, 2018 - March, 2019	July, 2018 - June, 2019	October, 2018 - September, 2019
Blood Stream Infection	46%	47%	44%	43%	43%
Urinary Tract Infection	43%	44%	45%	45%	46%
Surgical Site Infection	38%	40%	42%	43%	44%
Laboratory Identified Event	61%	62%	64%	65%	66%
Dialysis Event	73%	73%	74%	75%	75%
Central Line Insertion Practices (CLIP)	21%	22%	23%	24%	25%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	-	-	0.3%	1.4%	4.0%
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	25%	25%	27%	28%	29%
SCA/ONC Summary	29%	30%	33%	34%	36%
NICU Summary	25%	26%	28%	29%	30%
Surgical Procedure - via CDA	32%	33%	34%	36%	39%
Surgical Procedure - via CSV	58%	57%	57%	55%	52%
MDRO Summary	7%	7%	8%	8%	9%
Dialysis Summary	54%	54%	57%	56%	59%
Hemovigilance Summary	0%	0%	0%	0%	0%

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 2020 (more updates will be posted to the toolkits early June): https://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	2020	2019	2018	2017
CDA Toolkit Release	9.4	9.2 & 9.3	8.9 & 8.8	8.6
DIALYSIS				
Dialysis Event	R3-D1.1	R3-D1.1	R3-D1.1	R3-D1
Dialysis Denominator	R3-D3	R3-D1 or R3-D3	R3-D1	R3-D1
EVENTS				
Primary Bloodstream Infection (BSI)	R3-D3	R3-D2	R9	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, 6,600 facilities from 17 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 2, 2020

(Averages)

2,795 Email Inquiries per Week

14,435 Facilities Enrolled

NHSN Enrollment Update

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

6,896 Hospitals (this includes 466 Long-term Acute Care Hospitals and 377 Free-standing Inpatient Rehabilitation Facilities)

7,665 Outpatient Hemodialysis Facilities

4,671 Ambulatory Surgery Centers (ASCs)

17,248 Long-term Care Facilities

36,480 Total Healthcare Facilities Enrolled

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

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

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

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