NHSN v11.6.0 Release Notes October 21, 2023

Changes to All Components	
NHSN-ServiceNow Access	Within the NHSN application, an icon has been added to the top bar that links to the customer support portal, NHSN-ServiceNow. This allows users to easily submit a request for assistance.
Facility Information	The CCN field on the facility information page during enrollment has been restricted to only allow alphanumeric characters and no symbols.
Messaging	Enrollment messages have been updated to reflect user interface (UIX) standards consistently throughout the NHSN application.

Changes to Patient Safety Component	
COVID-19	Email Generation: After users bulk upload their COVID-19 data (e.g., CSV & API), they receive an automated email about the status of their upload - all records that were submitted properly and any that had errors. The email has been updated to remove any reference to the HHS Protect Service desk. Going forward, users should contact NHSN via nhsn@cdc.gov if encountering any issues with the bulk upload.
	API Submission: The PS COVID-19 API was updated to handle pulling data for specific timeframes for group download history. Users can now enter the number of weeks as a parameter in the API for the requested data.
Dashboard	HAI Pathogens Dashboard: There is a new dashboard, for facility only, to display HAI pathogen and antimicrobial resistance data from CLABSIs, CAUTIs, SSIs, and VAEs.
Events	EENT/CONJ: The Swelling or Inflammation element (SS_locSwell) has been enabled in the user interface for the CONJ 1 criterion. This will reflect a recent change to EENT/CONJ criterion to better fit the clinical presentation of a true conjunctivitis.
Monthly Survey	CSV Import for both facility/groups and Groups view function is now available for the Nursing Hours for Patient Days by Location . Facilities choosing to report nursing hours will have the opportunity to enter these data manually or upload using the comma-separated values (.csv) option.
Reporting Plan	Digital Measure Reporting Plan: In preparation for the Co-Lab pilot testing for digital measures, a digital measure reporting plan is now available for facilities that are participating in the co-lab. The measures available on this new reporting plan are Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic Treated C. difficile infection (HT-CDI), and Respiratory Pathogens Surveillance (RPS). Users will be able to add, search, view, and edit a digital measure reporting plan for the digital measures noted above. Note: this is only available for participating beta facilities.
Respiratory Tract Infections (RTI)	Additional respiratory virus data elements (influenza/RSV) have been added to the Patient Safety COVID-19 hospital data collection module. Data element categories include new admissions, current hospitalizations, and ICU hospitalizations, stratified by pediatric and adult patient groups. Entering information in the additional respiratory virus data elements is optional for users.

Changes to Patient Safety Component	
	Users will be able to import respiratory virus data elements (influenza/RSV) to the COVID-19 hospital data collection module via the CSV Upload and API Submission features. Note: This capability will be effective November 26, 2023, in the NHSN application.
User/Facility/Group Rights	In preparation for the pilot of digital quality measures, the capability to define and confer rights for users and groups was added for the Hospital-Onset Bacteremia & Fungemia and Healthcare facility-onset, antibiotic Treated C. difficile infection (HT-CDI). Note: this is only available for participating beta facilities.

Analysis & Reporting Changes to Patient Safety Component	
	AR Option:
Antimicrobial Use and Resistance Module	 The Analysis Data Set (ADS) was updated for the "Antibiogram_AR" and "Antibiogram_RatesAR" used for three AR Option analysis reports (Antimicrobial Resistant Organisms Line List, Antimicrobial Resistant Organisms Frequency Table, and the Antimicrobial Resistant Organisms Rate Table). Four variables (Onset, Specimen Category, Specimen Group, and Specimen Source) were added to the ADS and modification screen filters on these reports. The default report output will remain the same. The AR Option Antibiogram rate table report was updated to bring awareness of selective and cascade reporting practices to NHSN users. The three updates to the report were as follows: A row was added for the number of isolates reported to both the % Susceptible and % Tested tables. The % Tested table was updated to display percentages if 1 or more isolates were reported (i.e., remove the specification that %Tested is only calculated when at least 30 isolates were tested). Group organisms into organism groups instead of showing each individual species as a separate column. The SRIR Report - All Standardized Resistant Infection Ratios (2019 Baseline) was updated to prevent facilities that responded 'N' to the Annual Facility Survey questions regarding implementing revised breakpoints recommended by CLSI from generating an SRIR. The 2019 SRIR models excluded facilities that responded 'N' to the "Carbapenem breakpoints for Enterobacterales in 2010" question for the Carbapenem-resistant Enterobacterales (CRE) SRIR models and facilities that responded 'N' to the "Cephalosporin and monobactam breakpoints for Enterobacterales in 2010" question for the Extended-spectrum cephalosporin-resistant Enterobacterales (ESCE) SRIR models.
Reporting Plan	Digital Measure Reporting Plan (DMRP) : There is a Line List in the application for the Digital Measure Reporting Plan. Note: this is only available for participating beta facilities.
Monthly Survey	Analysis and Reporting is available for the new feature, Monthly Survey, that tracks the nursing hours and patient days by location. The new report name is Line Listing - Hospital Monthly Survey and it is located in the NHPPD Data report folder.
2022 HAI Rebaseline	In preparation for the 2022 HAI Rebaseline initiative, the Analysis and Reporting (A&R) treeview menu was restructured to ensure users can easily distinguish between different baselines, as well as clearly see which SIRs are available under the 2022 baseline versus those that are not yet available under the 2022 baseline. Users will need to reference bs2 (2015 baseline) and bs3 (2022 baseline) reports at the same time. The following changes were made in preparation for the rebaseline: 1. A 3rd level of sub-folders was created in the treeview structure.

Analysis & Reporting Changes to Patient Safety Component

- 2. Various changes were made to folder names, sub-folder names, and report names in order to use the widely accepted HAI acronyms and to indicate the year of the baseline on each SIR/SUR/TAP report.
- 3. A new footnote button was created on SIR and SUR reports that would be used by the user on the html output to display or hide the numbered footnotes that describe the data included on the SIR and SUR report tables. This button does not impact the general set of footnotes related to the generation of dataset, and the baseline set on which the summary data is based on, nor does it impact the set of footnotes about the percentile distribution.

Changes to Healthcare Personnel Safety Component

Performance improvements were made to upload feature of Vaccination .csv files.

Minor changes have been made to the Person-Level COVID-19 Vaccination Forms Healthcare Personnel (HCP) and Residents as follows:

- The "Dose 3 dose type" field will not display when the corresponding "Dose 3 Date" is on or after 06/26/2023.
- The Novavax COVID-19 vaccine has been added as an option for the fields, "Dose 3 Manufacturer" to "Dose 7 Manufacturer."
- The Janssen COVID-19 vaccine will no longer be an option for any of the "Dose Manufacturer" fields if the corresponding "Dose Date" is on or after 06/26/2023.

Text was updated for the footnote in the staff Vaccination Weekly Summary Forms.

Changes were made for Fall 2023 Covid vaccine guidance updates/ up to date definition person-level.

Vaccination Summary

Changes to Long Term Care Facility Component

Analysis and Reporting

Groups can now view the All Residents line listing in the LTC component under Analysis Reports > Advanced > Resident-level data. These data are generated from the Analysis Data Set: ltcResidents. This would be visible to groups with rights that include resident "with all identifiers". This will help when groups are uploading person-level COVID19 vaccination data on behalf of a facility; they need to view the IDs that have already been assigned to residents in facilities that conferred these rights.

Vaccination Summary

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A new tab, Influenza/RSV, has been added to the Weekly Summary Vaccination view for LTC Nursing Home Residents only. This tab is to provide optional information regarding RSV and Influenza Vaccination questions.

Changes to Long Term Care Facility Component	
	Text was updated for the footnote in the staff Vaccination Weekly Summary Forms.
	Changes were made for Fall 2023 Covid vaccine guidance updates/ up to date definition person-level.
	Respiratory Tract Infections (Influenza/RSV) data elements have been added to the COVID-19 RIFC Pathway. This includes the following data elements for Influenza and RSV: • positive tests
Respiratory Tract Infections (RTI)	 up to date not up to date (auto populated) hospitalizations with a positive influenza test
	hospitalizations with a positive influenza test and up to date
	Users will be able to import Respiratory Tract Infections (RTI) data elements to the COVID-19 RIFC Pathway (Aggregate Phase) via the CSV Upload feature.
	CAUTI: When users are attempting to enter a UTI into the HAI Module, the appropriate category is now auto populating based on the UTI protocol. For CASUTI with a resident that has the catheter
Events	removed within 2 days, there are 9 occurrences when the CASUTI category should auto populate. Users are now able to enter a NHSN categorized CASUTI with appropriate criteria since the options
	are now auto populating based on the UTI protocol.

Changes to Neonatal Component	
Surveys	During enrollment, users now must indicate if the facility was not operational during the current survey year.

Changes to Clinical Document Architecture (CDA)		
	Long Term Care: In preparation for a pilot with the EHR Nursing Home Implementation, the DIRECT CDA Automation import has been updated to accept R1-D1 LTC LabID Event CDAs. The effective date for the pilot is May 2024.	
MDRO	Patient Safety: The implementation guide, R4-D2, was implemented for "Prevention Process and Outcome Measures (POM) Summary Report" (aka MDRO) for FACWIDEIN location, which includes the IPF/IRF questions that are currently required in the UI but were not available in the CDA. Upon implementation of this request, users will be able to send response to these questions in the CDA file and eliminate the burden of the users having to go directly into the UI and answer the question before completing submission of the MDRO Summary. This capability will be available for manual import and Direct Automation. Effective date is January 1, 2024.	