NHSN Antimicrobial Use and Resistance (AUR) Module Reporting for the CMS Promoting Interoperability (PI) Program

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Objectives

- Provide a brief overview of the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability (PI) Program & NHSN Antimicrobial Use and Resistance (AUR) Module
- Describe the data reported & the mechanism for reporting
- Outline the steps for meeting the AUR Measure within the CMS PI Program
- Summarize answers to common questions

Disclaimer

- Slides & answers are based on:
  - Details in the FY2023 Hospital Inpatient Prospective Payment System (IPPS) final rule
  - CMS published AUR reporting specification sheet for calendar year (CY) 2024 PI Program: https://www.cms.gov/files/document/cy-2024-antimicrobial-use-and-resistance-surveillance-specification-sheet.pdf

Question 1

What is the CMS PI Program?

CMS PI Program

- Requires eligible hospitals and critical access hospitals (CAHs) to report on objectives and measures to be considered a meaningful electronic health record (EHR) user and avoid a downward payment adjustment
- 2023 & 2024 Program Requirements | CMS

2023-16252.pdf (govinfo.gov) Page 627

TABLE IX.F.-01.: PERFORMANCE-BASED SCORING METHODOLOGY FOR EHR REPORTING PERIODS IN CY 2024

Objective	Measure	Maximum Points	Required/Optional
Electronic Prescribing	e-Prescribing	10 points	Required
	Query of Prescription Drug Monitoring Program (PDMP)	10 points	Required
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15 points	Required (eligible hospitals and CAHs must choose one of the three reporting options)
	-AND-		
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points	
	-OR-		
	Health Information Exchange Bi-Directional Exchange	30 points	
	-OR-		
	Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA)	30 points	
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points	Required
Public Health and Clinical Data Exchange	Report the following five measures: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting • Antimicrobial Use and Resistance (AUR) Surveillance	25 points	Required
	Report one of the following measures: • Public Health Registry Reporting • Clinical Data Registry Reporting	5 points (*bonus*)	Optional

Question 2

How do facilities find out if their hospital participates in the CMS PI Program?

Most acute care hospitals participate in the CMS PI Program

- Reach out to person(s) in charge of quality reporting within the facility and/or C-suite
- CAHs are eligible to participate

- Long term care facilities (skilled nursing facilities/nursing homes) are not eligible to participate
- Other types of hospitals that provide inpatient care are not included in the CMS PI Program
  - Inpatient rehab hospitals (IRF)
  - Inpatient psych hospitals (IPF)
  - Long term acute care hospitals (LTCH/LTAC/LTACH)

PI Program eligibility & NHSN AUR reporting

- Reach out to person(s) in charge of quality reporting within the facility and/or C-suite

		CMS Promoting Interoperability	
		Eligible	**Not eligible**
NHSN AUR Module	**Accept data from**	• Acute care hospitals • Critical access hospitals (CAH)	• Inpatient rehab hospitals (IRF) • Inpatient psych hospitals (IPF) • Long term acute care hospitals (LTCH/LTAC/LTACH)
	Do not accept data from	None	Non-hospital facilities, for example: • Outpatient dialysis clinics • Ambulatory surgery centers • Long term care facilities (skilled nursing facilities/nursing homes)

Question 3

Are AUR Module data required for the CMS PI Program? If so, when does that start?

AUR Module data are required in CY 2024

- Beginning in **CY 2024**, AUR Module data are required under the Public Health and Clinical Data Exchange Objective of the CMS PI Program
- Applies to eligible hospitals and critical access hospitals that participate in the CMS PI Program
- **Measure includes submission of both AU and AR Option data**
- For CY 2024 facilities attest to either:
  - Being in active engagement with NHSN to submit AUR data or,
  - Claim an applicable exclusion

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms

Question 4

What does “active engagement” mean?

Two ways to be in active engagement with NHSN

- Option 1 – Pre-production and validation
  - Registration within NHSN
  - Testing & validation of Clinical Document Architecture (CDA) files
- Option 2 – Validated data production
  - Registration within NHSN
  - Submitting production Antimicrobial Use (AU) Option & Antimicrobial Resistance (AR) Option files to NHSN
    - CY 2024 – 180 continuous days of AUR data submission
      - Also known as: EHR Reporting Period
- **Note:** Definitions of active engagement are set by CMS & are the same for other PI Program measures

CMS update on active engagement

- Beginning in CY 2024, facilities can only spend **one** calendar year in Option 1 – Pre-production and validation

- Example:
  - Facility A attested to Option 1 – Pre-production and validation for 2024
  - Facility A must move to Option 2 – Validated data production for 2025

- **Note:** Facilities can move to Option 2 as soon as they are able (specifically, they don't need to wait in Option 1 for 2024 if they have production AUR data ready)

Question 5

What is AUR?

NHSN AUR Module

Purpose

The NHSN AUR Module provides a mechanism for facilities to report and to analyze antimicrobial use and/or resistance data to inform benchmarking, reduce antimicrobial resistant infections through antimicrobial stewardship, and interrupt transmission of resistant pathogens at individual facilities or facility networks.[6]

- AU Option
  - Numerator: antimicrobial days (aka days of therapy)
  - Denominators: days present & admissions
- AR Option
  - Numerator: isolate level susceptibility results
  - Denominator: patient days, admissions & encounters

https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf
https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html

Question 6

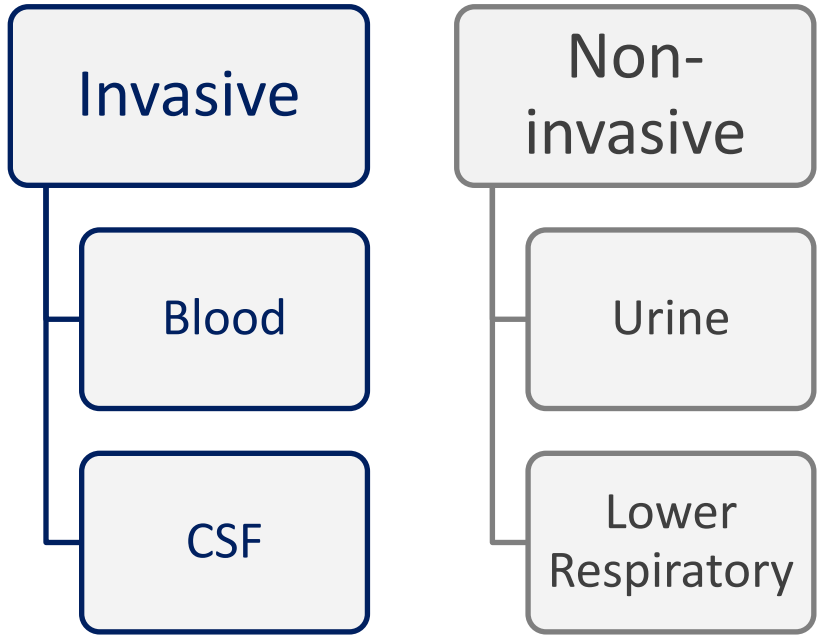
Are patient level data collected/shared?

No patient level AU data

- Data are aggregated to the month and location (aka unit) level and the Facility-wide inpatient level (aka FacWideIN)
  - **No patient level AU data are collected** (i.e., no dose, duration or indication)
- Antimicrobial days (Days of Therapy) – sum of days for which **any** amount of specific agent was administered to a patient
  - 96 antimicrobials – includes antibacterial, antifungal, anti-influenza, antiviral and monoclonal antibody agents
    - Sub-stratified by route of administration: intravenous (IV), intramuscular (IM), digestive (oral → rectal), respiratory (inhaled)
  - **Only administration data (Electronic Medication Administration Record [eMAR]/Bar-Coding Medication Administration Record [BCMA])**

Yes, patient level AR data

- Event data: Isolate-level susceptibility results for specific organisms
- Qualifying isolate criteria for an AR Event:
  1. Collected in an eligible location/unit
  2. Collected from one of four specimen types:
     - Blood
     - Cerebrospinal fluid (CSF)
     - Urine
     - Lower respiratory
  3. Eligible organism identified
  4. Antimicrobial susceptibility testing must be completed
     - Qualifies for submission regardless of susceptibility results



Question 7

What denominator data are submitted?

AU Option – Days present & admissions

- Days Present – number of days during which a patient spent any time in specific unit or facility
  - Reported for all individual locations & FacWideIN
  - Days present ≠ Patient days
  - Used for AU data only

- Admissions – number of patients admitted to an inpatient location in the facility
  - Reported for FacWideIN only
  - Same definition used for AR Option

AR Option – Patient days, admissions & encounters

- Patient days – number of patients present in the facility at the same time on each day of the month ("daily census")
  - Reported for FacWideIN only
  - Same definition used for NHSN Healthcare-Associated Infection (HAI) reporting
- Admissions – number of patients admitted to an inpatient location in the facility
  - Reported for FacWideIN only
  - Same definition used for AU Option
- Encounters – a visit to an eligible outpatient location
  - Reported for outpatient locations only

Question 8

What is the reporting period for the CMS PI Program? Do I need to be reporting AUR data into NHSN now?

EHR Reporting Period

- For CY 2024: 180 continuous days

- **Each facility designates their own EHR reporting period**
  - Facility must use the same 180-day period for **ALL** CMS PI Program measures
  - AU and AR data must be reported for the same 180 days

- Examples:
  - January 1–June 30
  - April 1–September 30
  - July 1–December 31

Question 9

How can NHSN users find out their facility's EHR Reporting Period?

Designated by each facility

- Reach out to person(s) in charge of quality reporting within the facility and/or C-suite
  - Check with the person who has access to the CMS Hospital Quality Reporting (HQR) system

HQR system: https://hqr.cms.gov/hqrng/login

Question 10

What hospital software systems should these data come from?

AUR data from electronic sources only

- AU data from eMAR/BCMA & Admission, Discharge, Transfer (ADT) systems
- AR data from Laboratory Information System (LIS) or EHR & ADT systems
- No manual data collection or entry into NHSN

Question 11

What are the exclusions for the AUR measure?

Three exclusions currently

1. Does not have any **patients** in any patient care location for which data are collected by NHSN during the EHR reporting period; or

2. Does not have **eMAR/BCMA** records or an **electronic ADT** system during the EHR reporting period; or

3. Does not have an **electronic LIS** or **electronic ADT** system during the EHR reporting period

Notes on exclusions

- **NHSN can provide guidance but ultimately CMS must decide whether a specific scenario meets exclusion criteria**
  - Reported in CMS HQR system
  - Exclusions are submitted at the same time PI Program attestations are submitted (specifically, last day in February each year)

- Hospitals claiming an exclusion on AU or AR would claim an exclusion on the measure as a whole
  - NHSN encourages facilities to report the data you have available

HQR system: https://hqr.cms.gov/hqrng/login
HQR User guide: https://www.cms.gov/files/document/hqr-user-guide.pdf

Notes on exclusions continued

- If the eligible hospital does not have access to **discrete** results for all eligible organisms as outlined in the AUR Module Protocol, the hospital may claim an exclusion to the AUR Measure

- Important point is **interoperable** access to available data

Exclusion examples

1. Example: If *Candida* isolates are sent out for identification and/or antimicrobial susceptibility testing (AST) and return to the facility via PDF or fax, then the facility does not have interoperable data and **should claim the exclusion.**

2. Example: If *Candida* isolates cannot be speciated then those isolates are not eligible for AR Option reporting. Facility should **not** claim PI Program exclusion.

3. Example: If *Candida* isolates are speciated but do not have AST performed, then those isolates are not eligible for AR Option reporting. Facility should **not** claim PI Program exclusion.

Question 12

Will hospitals be expected to separately attest to meeting reporting requirements or exclusion criteria for AU and AR?

No. AUR is a single measure for CMS PI Program

- No partial credit for reporting either AU or AR

- If the facility isn't in active engagement for both AU and AR, they must have an applicable exclusion or report "No"
  - Attesting "No" means the facility would not get credit for the AUR measure and would fail to satisfy the Public Health and Clinical Data Exchange Objective
  - **Failure to fulfill any of the required measures, including the AUR measure, will result in a score of zero for the Promoting Interoperability Program & could be subject to a downward payment adjustment**

Question 13

How are these data submitted to NHSN?

Clinical Document Architecture (CDA)

- Data must be uploaded via CDA
  - Too much data to enter by hand!
- Health Level 7 (HL7) standard
- Provides facilities with standardized way to package & upload data
  - AU, AR, & HAI
- CDA ≠ CSV (Excel)
  - CDA uses Extensible Markup Language (XML)

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    </participant>
  </observation>
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<!-- stratified data: Drug + route -->
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Using a vendor is most efficient

- Most facilities use commercial software vendor
  - EHR vendor or surveillance software vendor
  - Certified electronic health record technology (CEHRT) that has been updated to meet 2015 Edition Cures Update criteria (specifically, Office of the National Coordinator for Health Information Technology [ONC] certified)
  - Vendors that have met NHSN validation standards:
    - AU: https://www.cdc.gov/nhsn/cdaportal/sds/au-vendor-list.html
    - AR: https://www.cdc.gov/nhsn/cdaportal/sds/ar-vendor-list.html

CEHRT: certified electronic health record technology
https://www.healthit.gov/topic/certification-ehrs/2015-edition-cures-update-test-method
ONC: Office of the National Coordinator for Health Information Technology

Question 14

Who needs access to NHSN?

Pharmacist or physician champion

- Recommend two AUR-specific users within each NHSN facility
  - Generally, pharmacist or physician champion in charge of:
    - Uploading data
    - Reviewing/validating submitted data
    - Running reports/analyzing data
- If Infection Prevention will upload data, you may only need one additional AUR-specific user

Question 15

How do I get access to NHSN?

Talk with your Infection Prevention Team

- Your facility is already enrolled in NHSN and reporting HAI data

- Connect with Infection Prevention to gain access

- Steps for adding AUR Users: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-au-user-rights.pdf

SAMS credentials

- Secure Access Management Service (SAMS) provides secure access to NHSN: https://www.cdc.gov/nhsn/sams/about-sams.html
- All users must have SAMS credentials
  - User specific and cannot be shared
  - Process completed once per person (regardless of how many NHSN facilities you'll have access to)
- Application process can take a few hours to a few weeks depending on the route you take

Question 16

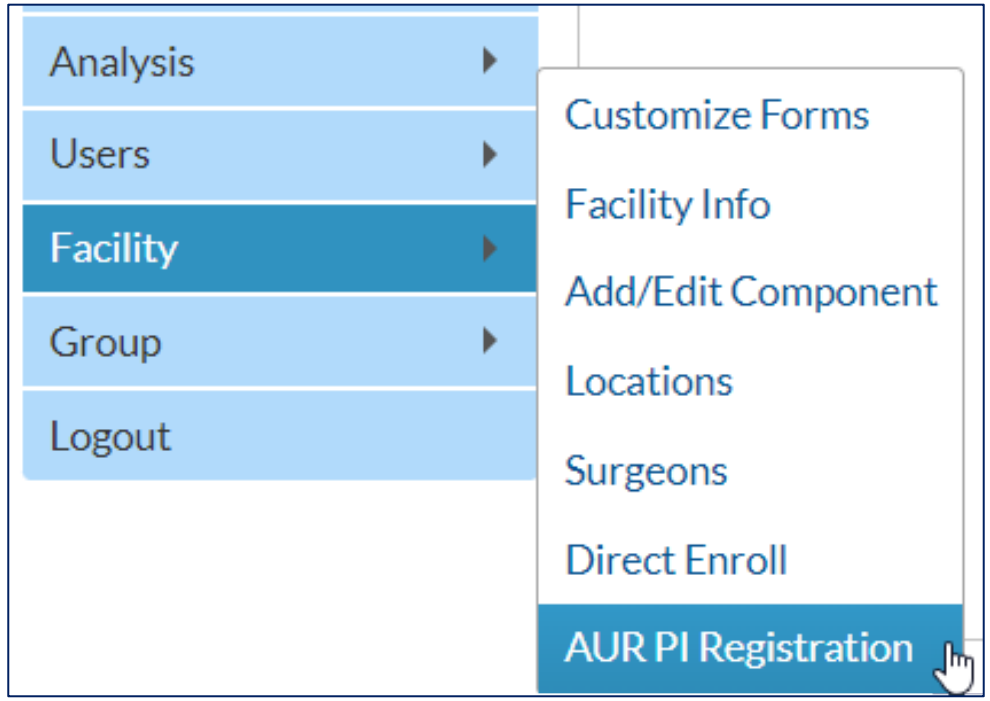
What do facilities need to do to meet the AUR reporting piece of the CMS PI Program?

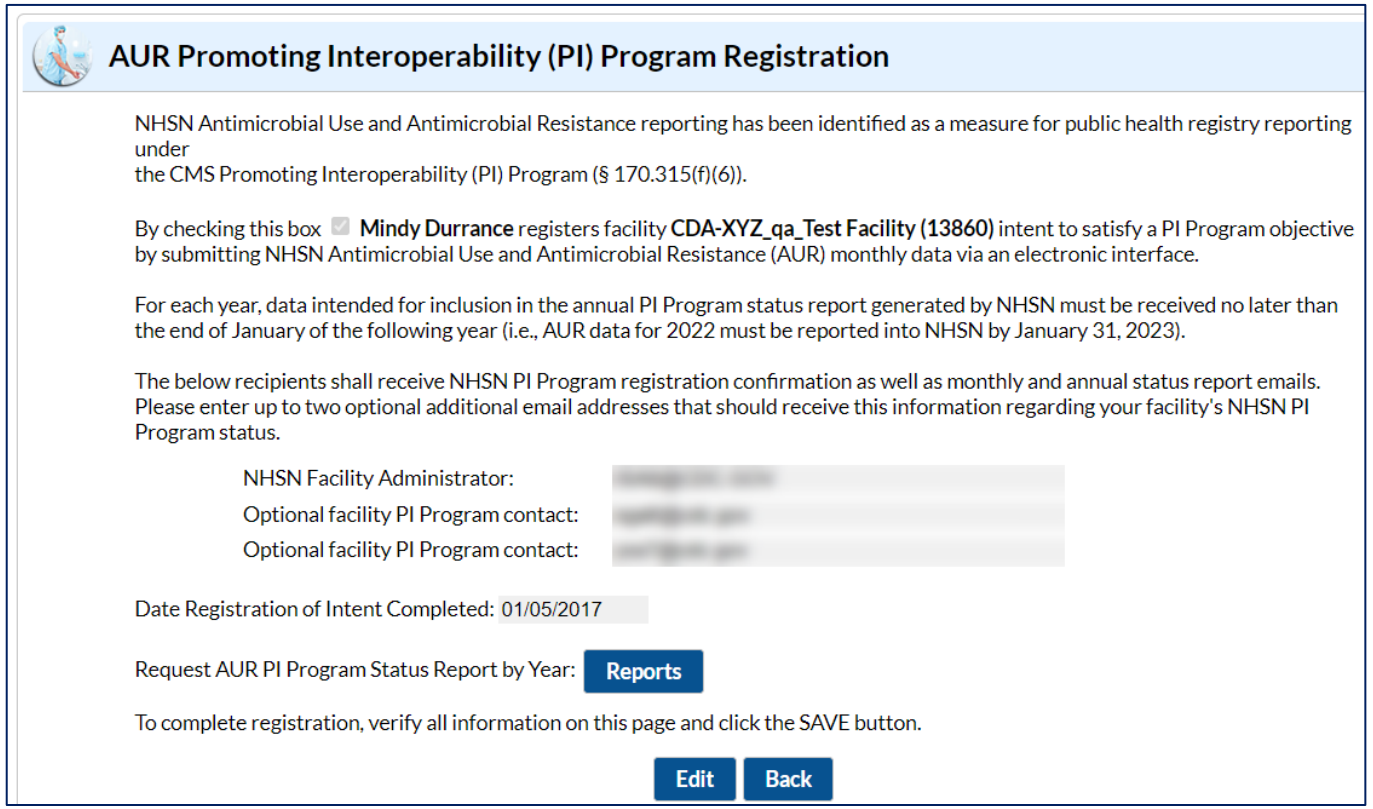
Prerequisites for submitting AUR data for the CMS PI Program

1. Figure out your vendor software situation
   - Certified by ONC and listed on the HealthIT webpage: https://chpl.healthit.gov/#/search
   - Validated by NHSN and listed on the Synthetic Data Set (SDS) webpages: https://www.cdc.gov/nhsn/cdaportal/sds/au-vendor-list.html & https://www.cdc.gov/nhsn/cdaportal/sds/ar-vendor-list.html
2. Review Quick Reference Guide: https://www.cdc.gov/nhsn/pdfs/cda/PHDI-Facility-Guidance-508.pdf
3. Determine if your facility has done any of the following steps already
   - Over 3,000 facilities have already completed step 1 (registration of intent)

Step 1 – Registration of intent to submit data

- **Only the NHSN Facility Administrator can complete this step**
- Can add up to two additional email addresses to receive the monthly AUR submission reports





Important notes about registration

1. Only completed one time ever
2. Cannot be undone
3. Will immediately kick off the request to send test files to NHSN for validation
4. If you cannot see the registration webpage in NHSN, you are not the NHSN Facility Administrator
5. If the person listed as the NHSN Facility Administrator has left the facility, follow these steps to get that role reassigned: https://www.cdc.gov/nhsn/facadmin/index.html
6. Not the same as attestation (specifically, no way to designate Option 1 vs Option 2)

Step 2 – Testing and validation of AUR CDA files

- Send 3 files total; 1 test file for each file type:
  - AU
  - AR Event (numerator)
  - AR Summary (denominator)
- Ask your vendor for these
- Send to NHSNCDA@cdc.gov

NHSN invites your facility to begin the testing and validation stage. Please send the following test CDAs to the nhsncda@cdc.gov mailbox:

1. Antimicrobial Use Summary CDA
2. Antimicrobial Resistance - Numerator CDA (aka AR Event)
3. Antimicrobial Resistance - Denominator CDA (aka AR Summary)

Important notes about test files

1. **Send a new email/open a new ticket**
   - Do not reply to existing/old tickets
2. **Send 1 email/ticket per NHSN orgID**
   - Do not send files for multiple facilities in 1 email/ticket
3. **Send all 3 files**
   - Must send all 3 files if you'd like a letter saying you've passed validation (last step in Option 1)
   - Must send all 3 files even if you're already submitting production AU data
4. **Send as separate .xml files (not a .zip file)**

Step 2 – Testing and validation of AUR CDA files

If your facility is already submitting production AU and AR data, you can skip this step.

Step 3 – Submission of production data

Subject: NHSN AUR Promoting Interoperability (PI) Program Testing and Validation Completed - Ready to Send AUR CDAs to Production

Your facility's Antimicrobial Use Summary, Antimicrobial Resistance – numerator, and Antimicrobial Resistance - denominator (AUR) test CDAs have passed validation.

You may now send all AUR CDAs to the NHSN production environment.

Monthly AUR submission status reports will be automatically generated and emailed to the facility administrator and optional emails listed on the PI Registration page within your NHSN facility.

- Send production AUR data to NHSN monthly
- NHSN will automatically email the NHSN Facility Administrator and optional email contacts a monthly report outlining data submission status

Month/Year	Antimicrobial Use Summary	Antimicrobial Resistance Events	Antimicrobial Resistance Summary
01/2022	Yes	Yes	Yes
02/2022	Yes	Yes	Yes

Important notes about submitting production data

1. Facilities should upload data on an ongoing basis during their EHR Reporting Period
2. Facilities can report data for months beyond the 180-day EHR Reporting Period
3. While the attestation is at the hospital-level, NHSN encourages facilities to submit AUR data from all inpatient locations individually, FacWideIN, and select outpatient locations (emergency department [ED], pediatric ED, 24-hour observation area)*
   - Work with your Infection Prevention team to review/map locations

*Only locations where numerator and denominator can be accurately captured

Question 17

Do facilities need to send NHSN test files for validation for “Option 1 – Pre-Production and Validation” if they use a validated vendor?

Yes — Send test files if attesting to Option 1

- If attesting to “Option 1 – Pre-production and Validation”, send test files regardless of the vendor used to submit AUR data

- If attesting to “Option 2 – Validated Data Production”, do not need to send test files for validation

Three Distinct Types of Validation

1. Data quality validation
   - Conducted by the individual facility/system
   - Validates data are accurate and complete (e.g., antimicrobial days)
   - Do not need to share results with NHSN AUR Team

2. CDA file validation
   - Part of the CMS PI Program process
   - Validates that CDA files pass NHSN business rules (e.g., correct drugs in the file, include all required fields)

Three Distinct Types of Validation continued

3. Vendor software validation
    a) NHSN validation (also known as SDS validation)
        - Validates vendor software can correctly apply rules of the AUR Protocol
        - Required for all vendors: https://www.cdc.gov/nhsn/cdaportal/sds/index.html
    b) ONC certification
        - Validated vendor software can generate CDA files that meet format requirements
        - Required for all vendors: https://chpl.healthit.gov/#/search

Question 18

My hospital already submits AU data to NHSN. Do I need to send AU test files to complete “Option 1 – Pre-Production and Validation”?

Yes — All three files are required

- Submit **one test file of each type (AU Summary, AR Event, and AR Summary)**
  - NHSN cannot send a passing letter without testing all three file types

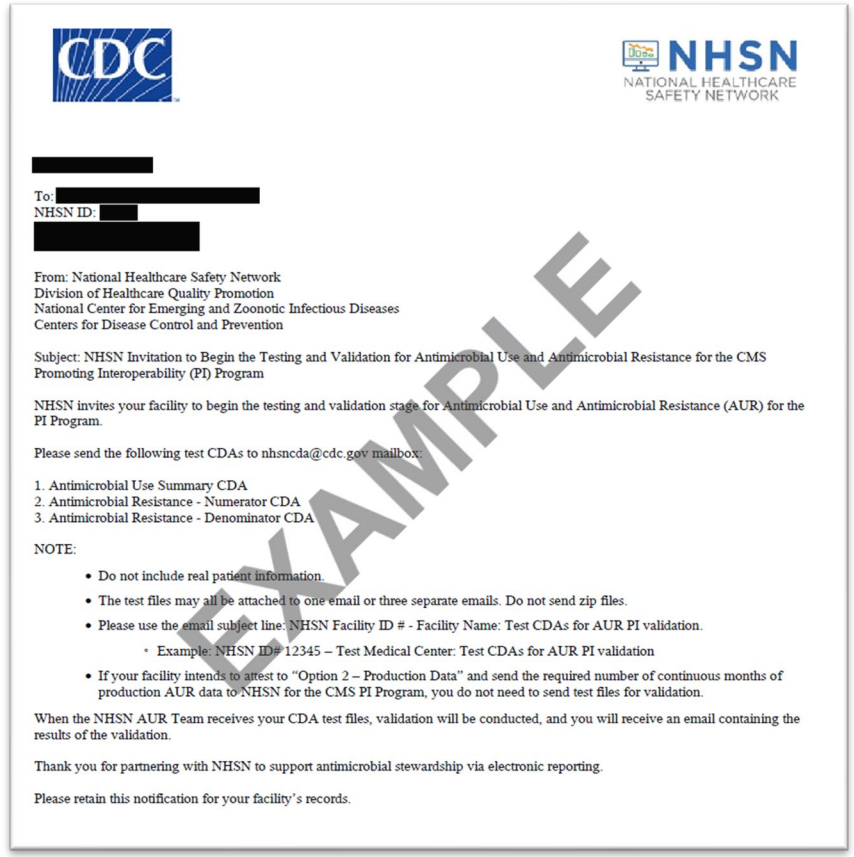
- If reporting production data for AU but still in the pre-production and validation stage for AR, the hospital would have to complete “Option 1 – Pre-production and Validation” as its overall level of engagement for the measure.
  - Must send all three file types for validation

Question 19

My facility plans to attest to “Option 2 – Validated Data Production”. Why did I receive an email from NHSN asking for test files?

All facilities receive automated request for test files

- NHSN app automatically sends 2 emails when you register intent to submit AUR Module data for the purposes of the CMS PI Program:
  - Instructions for submitting test files for "Option 1 – Pre-Production and Validation" (sent on the day you register)
  - A reminder to submit test files if your facility has not submitted files after 30 days
  - **No need to reply to these emails if planning to send production data**



CDC

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

[redacted]

To: [redacted]
NHSN ID: [redacted]

From: National Healthcare Safety Network
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Subject: NHSN Invitation to Begin the Testing and Validation for Antimicrobial Use and Antimicrobial Resistance for the CMS Promoting Interoperability (PI) Program

NHSN invites your facility to begin the testing and validation stage for Antimicrobial Use and Antimicrobial Resistance (AUR) for the PI Program.

Please send the following test CDAs to nhsncda@cdc.gov mailbox:

1. Antimicrobial Use Summary CDA
2. Antimicrobial Resistance - Numerator CDA
3. Antimicrobial Resistance - Denominator CDA

NOTE:

- Do not include real patient information.
- The test files may all be attached to one email or three separate emails. Do not send zip files.
- Please use the email subject line: NHSN Facility ID # - Facility Name: Test CDAs for AUR PI validation.
  - Example: NHSN ID# 12345 – Test Medical Center: Test CDAs for AUR PI validation
- If your facility intends to attest to "Option 2 – Production Data" and send the required number of continuous months of production AUR data to NHSN for the CMS PI Program, you do not need to send test files for validation.

When the NHSN AUR Team receives your CDA test files, validation will be conducted, and you will receive an email containing the results of the validation.

Thank you for partnering with NHSN to support antimicrobial stewardship via electronic reporting.

Please retain this notification for your facility's records.

EXAMPLE

More about the request for test files…

- **If your hospital intends to attest to "Option 2 – Validated Data Production", you can disregard these emails**
- If attesting to "Option 1 – Pre-Production and Validation"
  - Respond to the request for test files within 30 days indicating you registered before having test files ready. **Failure to respond twice within an EHR reporting period will result in that eligible hospital not meeting the measure.**
  - Don't have test files ready?
    - Send a status update via ServiceNow or to NHSN@cdc.gov at least every 60 days until your hospital has all three test files (AU Summary, AR Event, and AR Summary) ready to send

Question 20

When do facilities need to register & send test files to attest to “Option 1 – Preproduction & Validation” for CY 2024?

Timing varies…

- Registration should be completed within 60 days of the start of the EHR Reporting Period
  - Note: Facilities should make sure they have test and/or production test files (or almost ready) prior to registering within NHSN
  - After registering, NHSN immediately sends a request for test files
  - Facilities should respond to NHSN request within 30 days
    - **Failure to respond twice within an EHR reporting period would result in the facility not meeting the measure**
- Ask that facilities submit test files **no later than November 1, 2024**
  - Allows the NHSN team to process the test files

Example timeline for Option 1

- Facility A designates **March 1–August 31** as their 180-day EHR reporting period
- Must register intent to submit AUR data within NHSN by **April 30**
  - CMS specifications: complete registration within 60 days of the start of EHR reporting period
- (to receive a letter back from NHSN showing passing validation) Must send test files no later than **November 1**
  - Send test files as soon as they are ready – no need to wait until Nov 1
  - If not ready within 60 days after completing registration, send emailed status updates to NHSN to maintain active engagement status

No later than January 31, 2025

- Data should be reported monthly during the EHR Reporting Period
- NHSN automatically sends out status letters on the first day of every month
- Final annual summary letter sent out on February 1 showing previous year's submissions
  - **Submit all relevant AUR data to NHSN no later than January 31, 2025, to be included on the annual report sent to facilities on February 1**

Month/Year	Antimicrobial Use Summary	Antimicrobial Resistance Events	Antimicrobial Resistance Summary
01/2022	Yes	Yes	Yes
02/2022	Yes	Yes	Yes

Question 21

When do facilities need to report AUR data to attest to “Option 2 – Validated Data Production” for CY 2024?

Example timeline for Option 2

- Facility B designates **July 1 – December 31** as their 180-day EHR reporting period
- Must register intent to submit AUR data within NHSN by **August 31**
  - CMS specifications: complete registration within 60 days of the start of EHR reporting period
- Must report production AUR data to NHSN for July – December on an ongoing basis
  - NHSN recommends sending the month's data within 30 days of the completion of the month
  - **Make sure December 2024 AUR data are submitted by January 31, 2025**

Question 22

Do the quarterly CMS Quality Reporting Program deadlines apply to AUR Module reporting for the CMS PI Program?

No — Two separate CMS Programs

- AUR measure within the CMS PI Program does not have quarterly deadlines
- AUR reporting completed on an ongoing basis
- Facilities attest within CMS HQR system once a year (due the last day in February)

https://hqr.cms.gov/hqrng/login

Question 23

Does CDC/NHSN provide data to CMS?

No, AUR Measure is attestation based

- CDC/NHSN does not provide any data to CMS for this reporting measure
  - Goal of CMS PI Program is to increase interoperable healthcare data exchange

- Facilities must attest to CMS that they are in active engagement with NHSN
  - Attest within the CMS Hospital Quality Reporting (HQR) system: https://hqr.cms.gov/hqrng/login

- **NHSN provides documentation to facilities to use as proof**

Question 24

When and where do facilities complete the CMS PI Program attestations?

Attest within the CMS HQR

- Facilities attest within CMS HQR system once a year for the previous year (due the last day in February)
  - Example: Submit attestations for CY 2024 by February 28, 2025
  - Note: This date is subject to change due to weekends, federal holidays, or other changes proposed and finalized in CMS regulations. Date changes are communicated by CMS.
- All CMS PI Program measures are included in the attestation process
- Review CMS PI Program Resource Library for more information: https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/resource-library

Question 25

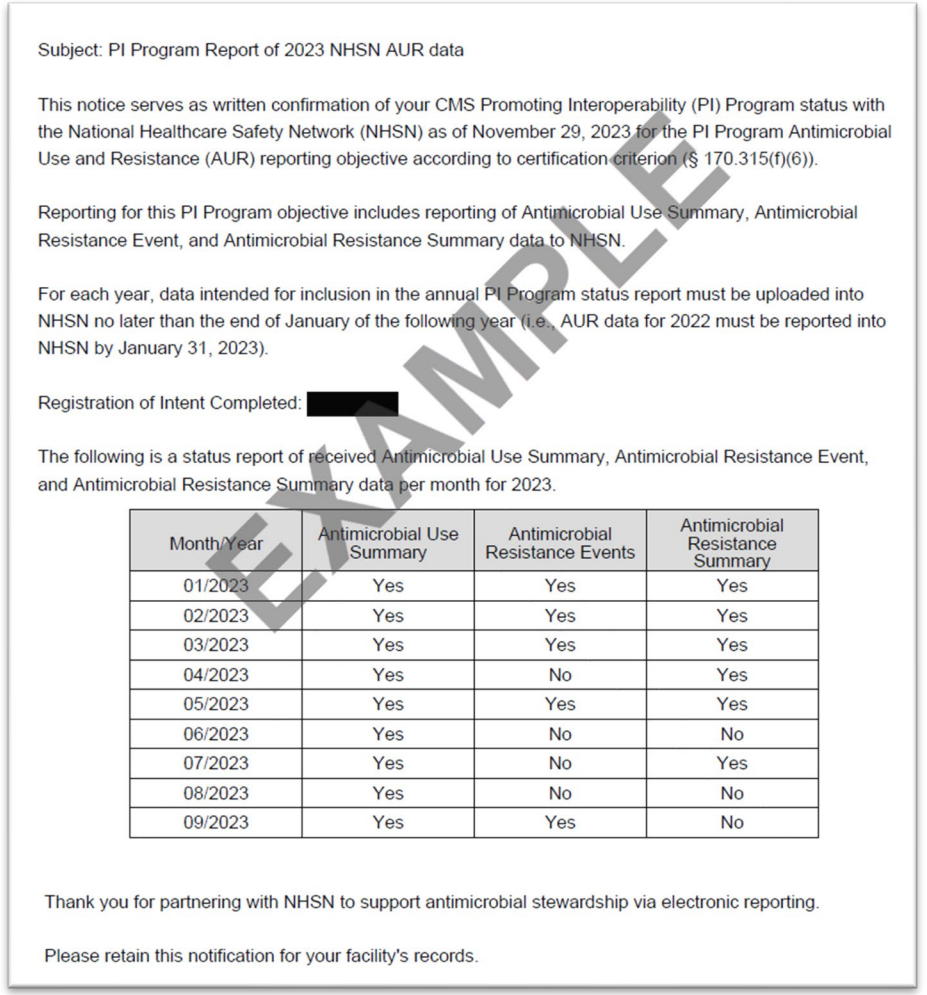
Where/how do facilities get documentation of active engagement status?

Option 1 Documentation/Verification of Facility Status

- Option 1 – Pre-production & Validation
  - First: email that you've successfully registered & to send test files
    - Sent to NHSN Facility Administrator and any optional PI Program users
  - Second: email that your test files passed validation
    - Sent to NHSN Facility Administrator and any optional PI Program users
    - Only sent after 1 file for all three types (AU, AR Event, AR Summary) are validated by NHSN

Option 2 Documentation/Verification of Facility Status

- Option 2 – Validated Data Production
  - Monthly email showing AUR data submission status
    - Sent to NHSN Facility Administrator and any optional PI Program users
    - Generated the 1st day of each month
    - Annual letter generated February 1st
  - Ad hoc letters can also be generated at any time by the Facility Administrator (https://www.cdc.gov/nhsn/pdfs/cda/PHDI-Facility-Guidance-508.pdf)



Subject: PI Program Report of 2023 NHSN AUR data

This notice serves as written confirmation of your CMS Promoting Interoperability (PI) Program status with the National Healthcare Safety Network (NHSN) as of November 29, 2023 for the PI Program Antimicrobial Use and Resistance (AUR) reporting objective according to certification criterion (§ 170.315(f)(6)).

Reporting for this PI Program objective includes reporting of Antimicrobial Use Summary, Antimicrobial Resistance Event, and Antimicrobial Resistance Summary data to NHSN.

For each year, data intended for inclusion in the annual PI Program status report must be uploaded into NHSN no later than the end of January of the following year (i.e., AUR data for 2022 must be reported into NHSN by January 31, 2023).

Registration of Intent Completed: [redacted]

The following is a status report of received Antimicrobial Use Summary, Antimicrobial Resistance Event, and Antimicrobial Resistance Summary data per month for 2023.

Month/Year	Antimicrobial Use Summary	Antimicrobial Resistance Events	Antimicrobial Resistance Summary
01/2023	Yes	Yes	Yes
02/2023	Yes	Yes	Yes
03/2023	Yes	Yes	Yes
04/2023	Yes	No	Yes
05/2023	Yes	Yes	Yes
06/2023	Yes	No	No
07/2023	Yes	No	Yes
08/2023	Yes	No	No
09/2023	Yes	Yes	No

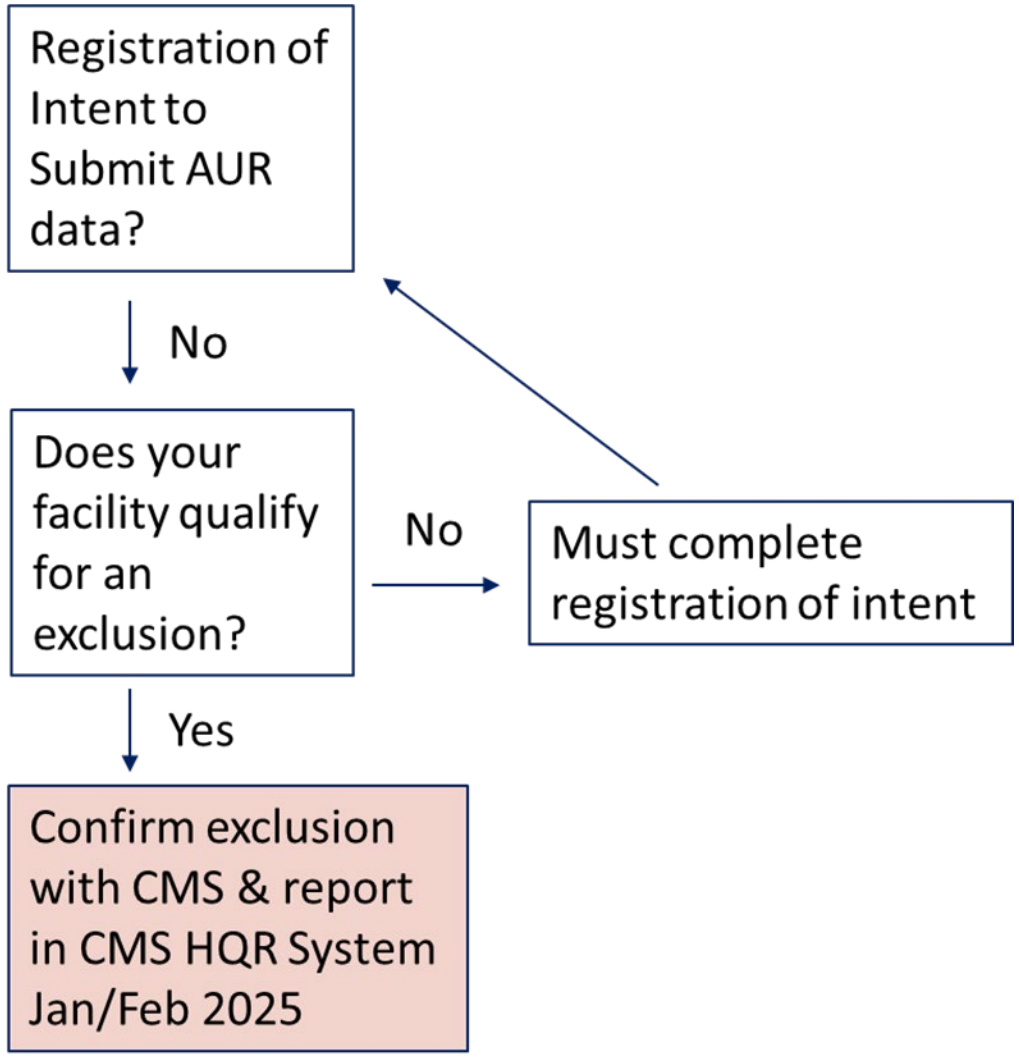
Thank you for partnering with NHSN to support antimicrobial stewardship via electronic reporting.

Please retain this notification for your facility's records.

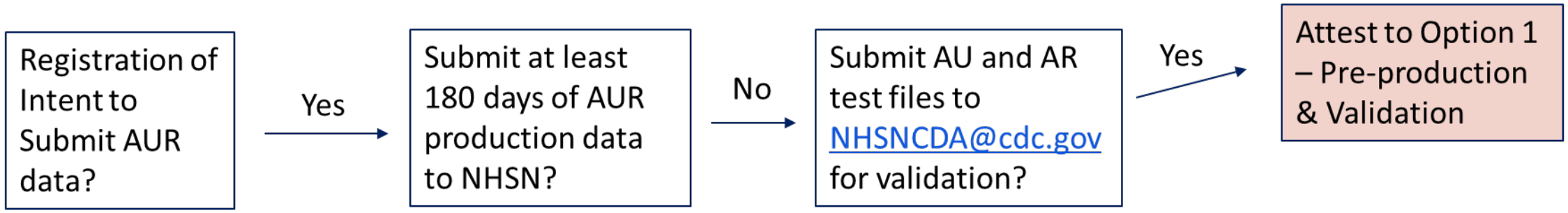
Question 26

How do facilities figure out their active engagement status?

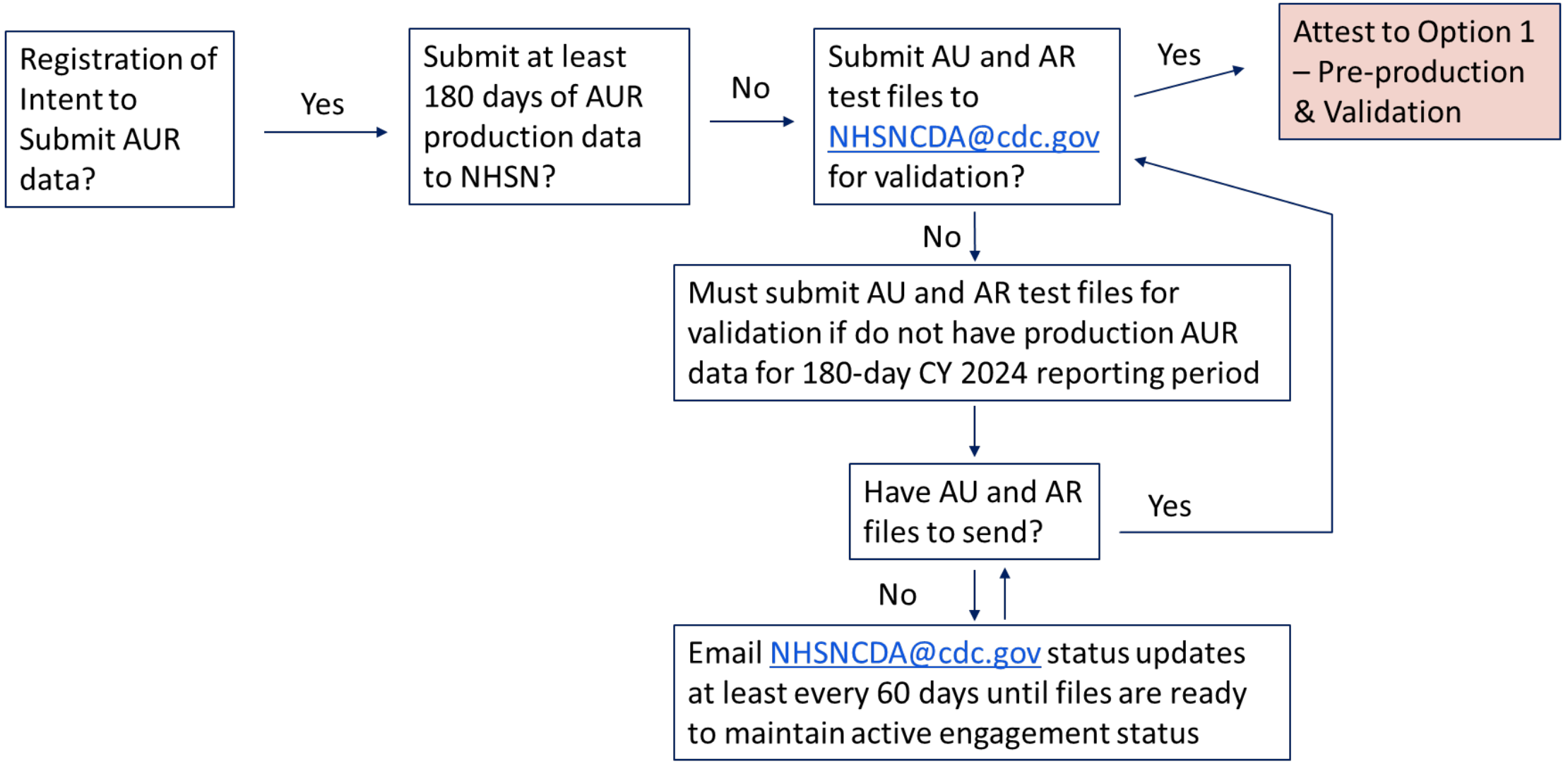
Status for Attestation: Exclusion



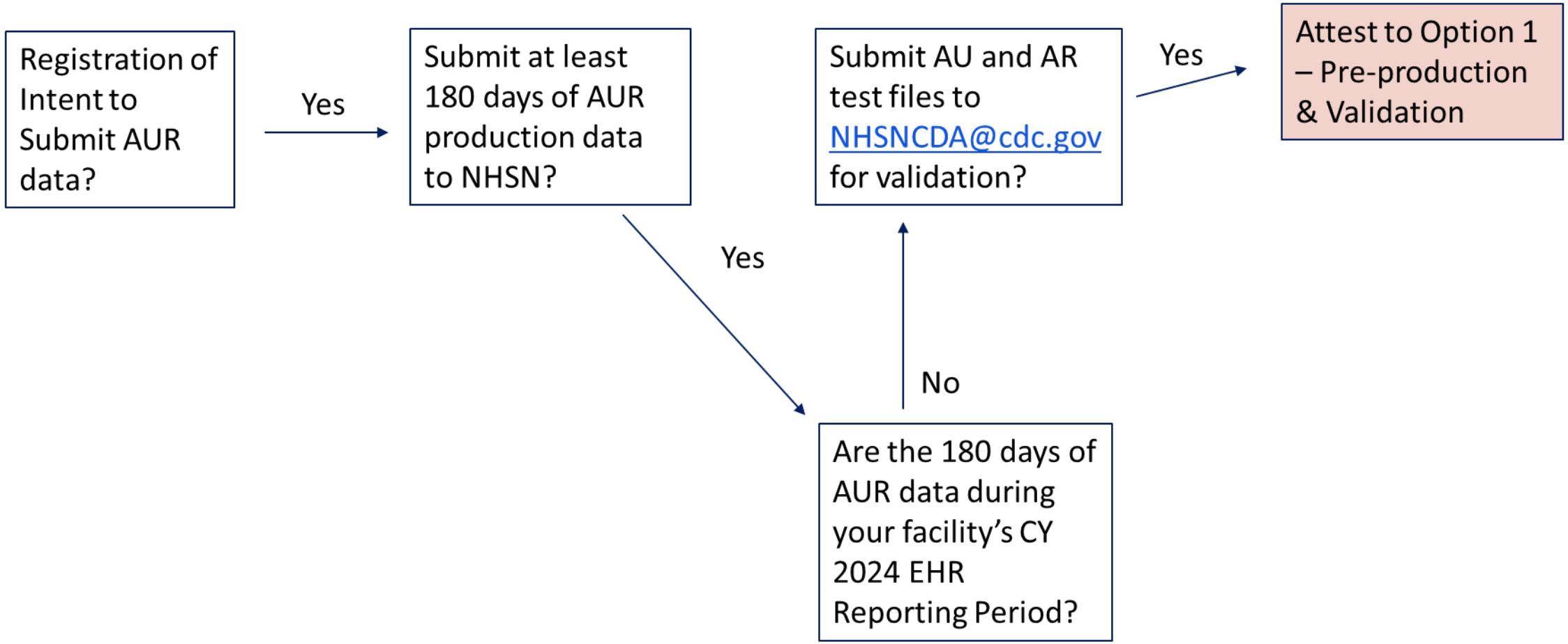
Status for Attestation: Option 1
No production data but have test files



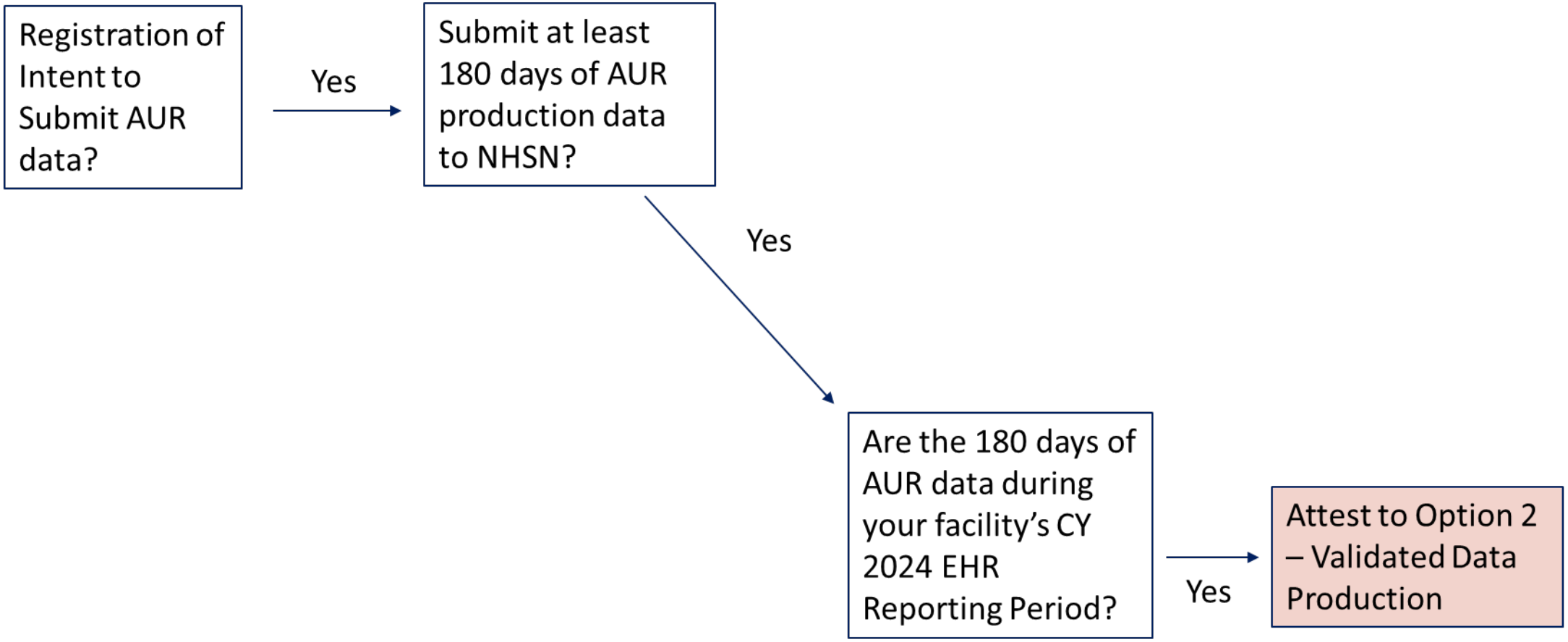
Status for Attestation: Option 1
No production data and no test files



Status for Attestation: Option 1
Production data outside of EHR Reporting Period



Status for Attestation: Option 2



Question 27

Where do I find more information on what data are reported into the AUR Module?

AUR Module Resources

- Bookmark the AUR Module webpage: https://www.cdc.gov/nhsn/psc/aur/index.html
- Review the protocol: https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf
- Listen/watch the training webinars: https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html

AUR Trainings

Training Videos

Antimicrobial Use (AU) Option

Antimicrobial Use (AU) Option: Reporting – March 2023

- YouTube Link [Video – 30 min]
- Slideset – AU Option [PDF – 2 MB]

Antimicrobial Use (AU) Option: Beginner Analysis – May 2022

- YouTube Link [Video – 30 mins]
- Slideset [PDF – 3 MB]

Antimicrobial Use (AU) Option: Advanced Analysis – May 2022

- YouTube Link [Video – 36 mins]
- Slideset [PDF – 9 MB]

Standardized Antimicrobial Administration Ratio (SAAR) – May 2020

- YouTube Link [Video – 24 min]
- Slideset [PDF – 2 MB]

NHSN Targeted Assessment for Antimicrobial Stewardship – September 2022

- YouTube Link [Video – 60 min]
- Slideset [PDF – 6 MB]

Antimicrobial Resistance (AR) Option

Antimicrobial Resistance (AR) Option: Reporting and Analysis – May 2022

- YouTube Link [Video – 1 hr 12 mins]
- Slideset 1 – Reporting [PDF – 2.4 MB]
- Slideset 2 – Analysis [PDF – 5 MB]

Antimicrobial Resistance Option SRIR & pSIR – March 2023

- YouTube Link [Video – 20 min]
- Slideset [PDF – 800 KB]

NHSN Antimicrobial Resistance (AR) Option: Facility-Wide Antibiogram Report – March 2021

- YouTube Link [Video – 23 min]
- Slideset [PDF – 2 MB]

Antimicrobial Resistance (AR) Option: Incidence & Prevalence Reports – March 2023

- YouTube Link [Video – 31 min]
- Slideset [PDF – 4 MB]

Uploading CDA Files into NHSN – August 2017

- YouTube Link [Video – 12 min]

https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html

PI-specific AUR Module Resources

- NHSN/CMS Requirements: https://www.cdc.gov/nhsn/cms/ach.html

Antimicrobial Use and Resistance

Operational Guidance for reporting AUR data – August 2023 [PDF – 239 KB]

AUR Module Reporting for the CMS Promoting Interoperability Program – March 2023

- YouTube
- Slide set [PDF – 3 MB]
- Slide set – En Español [PDF – 2 MB]

FAQs: AUR Reporting for the CMS Promoting Interoperability Program – October 2023

Promoting Interoperability – Guidance for Facilities – March 2023 [PDF – 250 KB]

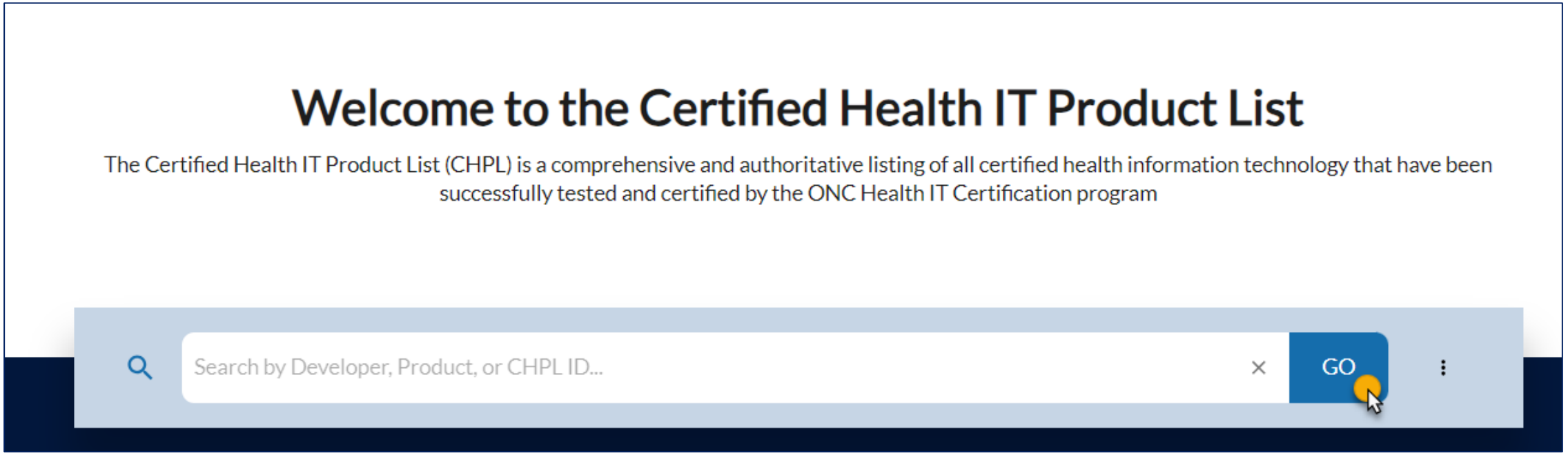
Promoting Interoperability – Guidance for Facilities – March 2023 – En Español [PDF – 358 KB]

Office Hours: AUR Module Reporting for the CMS Promoting Interoperability Program – Fall 2023 [PDF – 715 KB]

Office Hours: AUR Module Reporting for the CMS Promoting Interoperability Program – February 2024 [PDF – 1 MB]

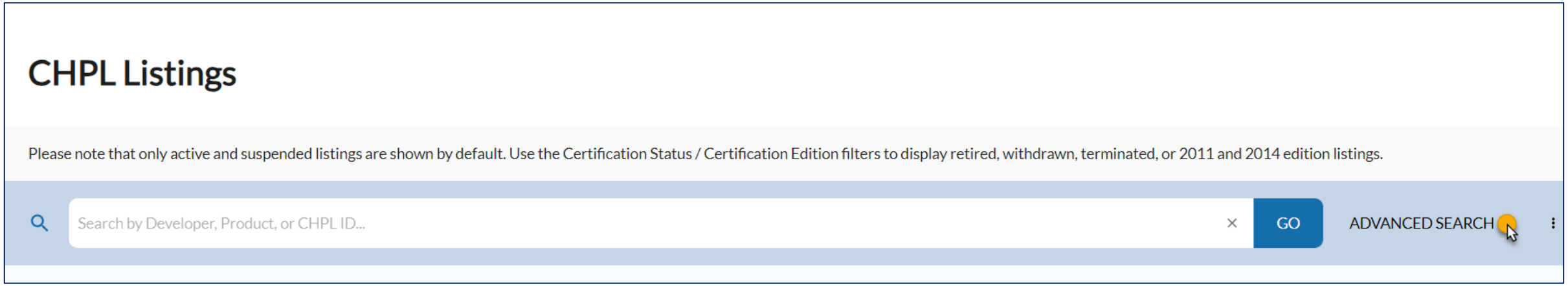
Looking up your vendor on the ONC list: Step 1

- https://chpl.healthit.gov/#/search
- Click Go



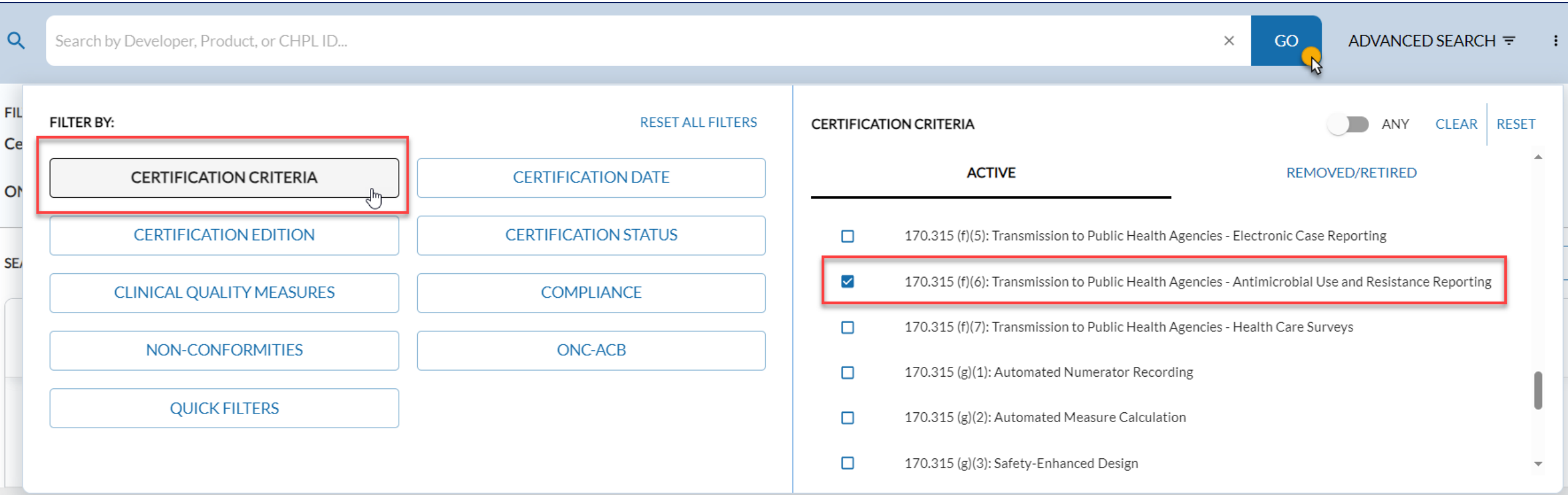
Looking up your vendor on the ONC list: Step 2

- Click Advanced Search



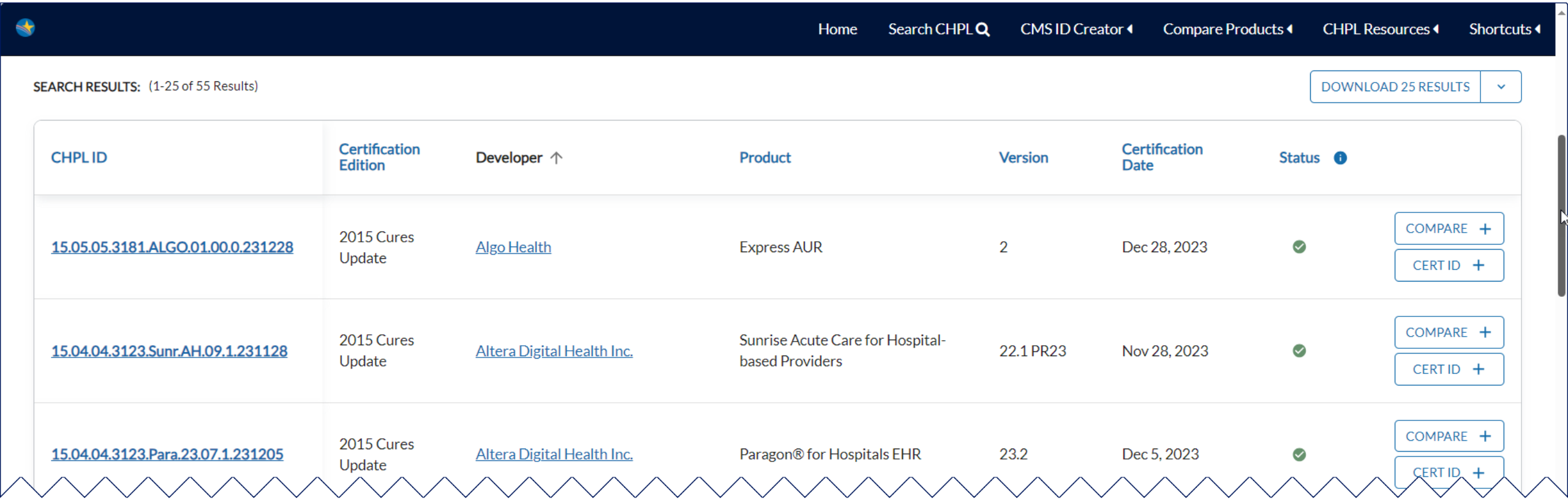
Looking up your vendor on the ONC list: Step 3

- Click Certification Criteria
- Click the checkbox for criteria 170.315 (f)(6)
- Click Go



Looking up your vendor on the ONC list: Step 4

- 55 vendor products are listed
  - Confirm your vendor software is listed



For any questions or concerns, contact the NHSN Help Desk using

NHSN-ServiceNow to submit questions to the NHSN Help Desk. The new portal can be accessed at **https://servicedesk.cdc.gov/nhsncsp**. Users will be authenticated using CDC's Secure Access Management Services (SAMS) the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov