



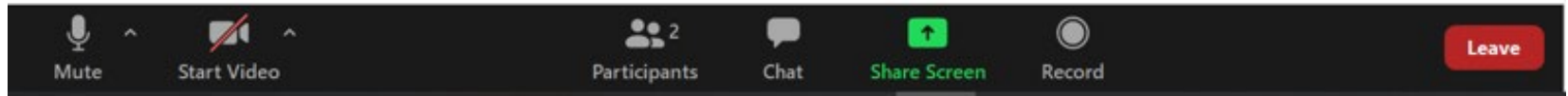


Health Quality Innovation Network

HQIC Office Hours

November 9, 2023

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.

Health Quality Innovation Network

Today's Presenter



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Center for Disease Control and Prevention



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

November 9, 2023

Objectives

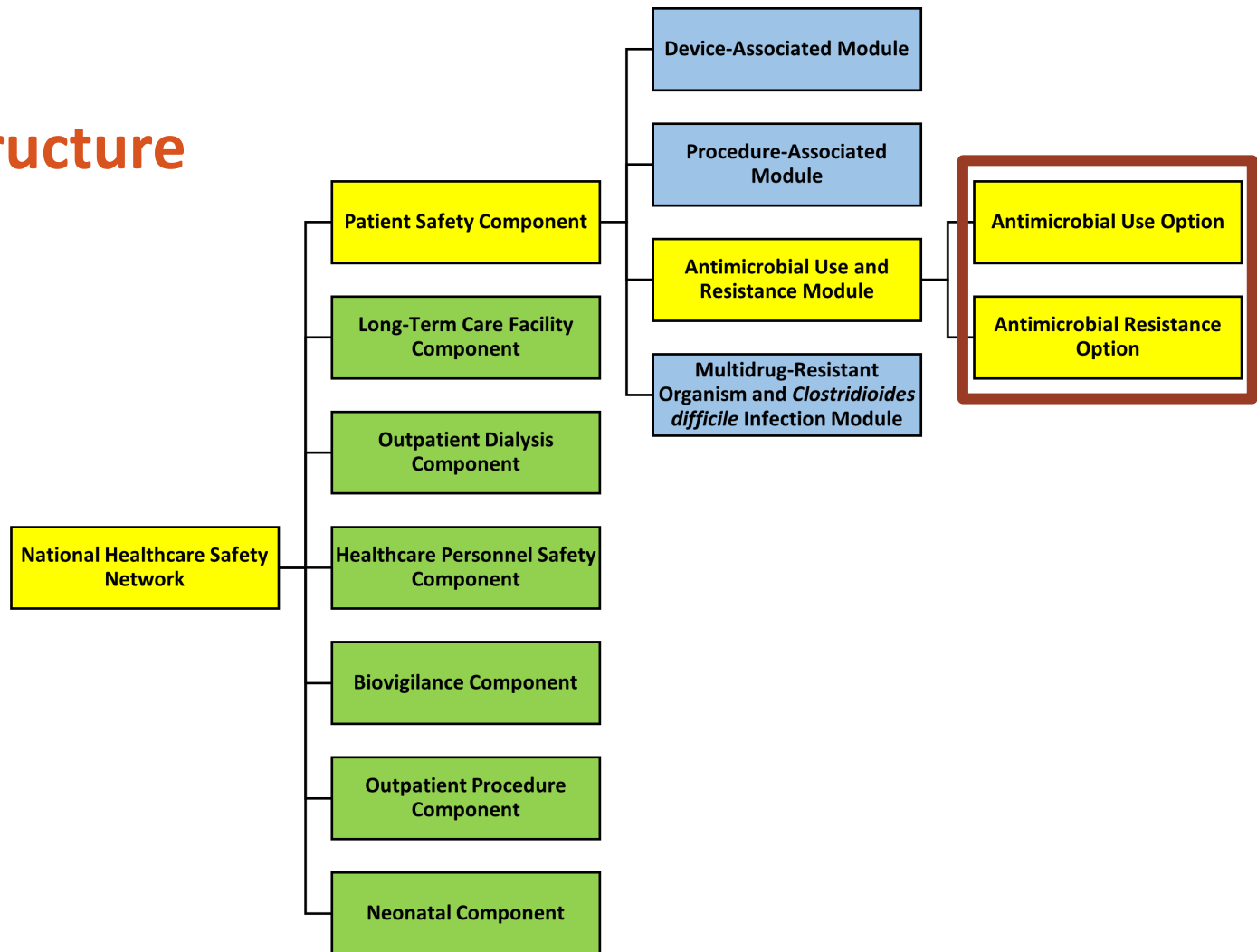
- This session will cover:
 - An overview of the NHSN AUR Module.
 - The AUR Measure within the CMS Promoting Interoperability (PI) Program including AUR measure requirement timeline and eligibility requirements.
 - How to identify a team within your hospital who will be responsible for successful reporting.
 - Interventions for addressing previously identified barriers for reporting AUR data

Disclaimer

- Slides & answers are based on:
 - Details in the [FY2023 Hospital Inpatient Prospective Payment System \(IPPS\) final rule](#)
 - Materials published for current CY 2023 PI Program measures
- CMS has not yet published materials for CY 2024 PI Program measures (e.g., AUR)

Overview of the AUR Module

NHSN Structure



Who can participate in the AU Option?

- Hospitals* that have:
 - Electronic Medication Administration Record (eMAR) or Bar Coding Medication Administration (BCMA) system
 - Admission Discharge Transfer (ADT) system
 - Commercial software vendor or “homegrown” internal IT/informatics resources that passes AU Option Synthetic Data Set (SDS) validation (<https://www.cdc.gov/nhsn/cdaportal/sds/au-vendor-list.html>)
 - Ability to collect and package data using Clinical Document Architecture (CDA)
- Data cannot be typed in by hand

AU Option Data Elements – Numerator

- **Antimicrobial days (days of therapy):** Sum of days for which any amount of specific agent was administered to a patient
 - 95 antimicrobials¹ (including select antibacterial, antifungal, anti-influenza & antiviral agents) sub-stratified by route of administration²
 - Intravenous (IV)
 - Intramuscular (IM)
 - Digestive (oral → rectal)
 - Respiratory (inhaled)
 - Only administration data (eMAR/BCMA)

¹ Appendix B of AUR Module Protocol: <https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf>

² Exclude any other routes of administration (for example, topical, antibiotic locks, intracavity, intrapleural, intraperitoneal, intraventricular, ophthalmic, otic, or irrigation) from AU Option reporting

AU Option Data Elements – Denominators

- **Days present:** Number of days during which a patient spent any time in a specific location or facility
 - Reported for all individual locations and facility-wide inpatient (FacWideIN)
 - **Days present ≠ Patient days**
 - Days present used for AU Option only
 - Patient days used throughout rest of NHSN (including HAI and AR Option)
- **Admissions:** Number of patients admitted to an inpatient location in the facility (reported for FacWideIN only)

Who can participate in the AR Option?

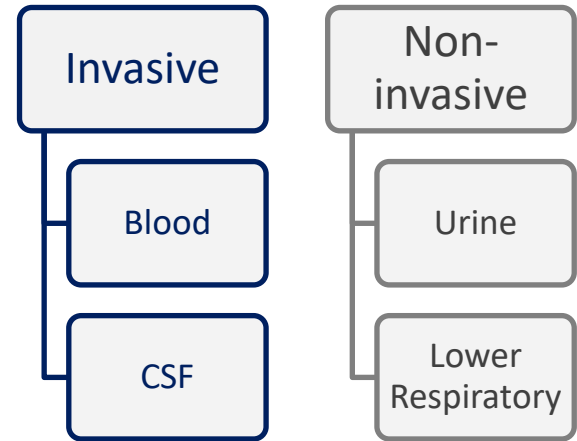
- Hospitals* that have:
 - Electronic Laboratory Information System (LIS) and
 - Admission Discharge Transfer (ADT) System
 - *Or electronic access to required data elements*
 - Commercial software vendor or “homegrown” internal IT/informatics resources that passes AU Option Synthetic Data Set (SDS) validation (<https://www.cdc.gov/nhsn/cdaportal/sds/ar-vendor-list.html>)
 - Ability to collect and package data CDA
- Data cannot be typed in by hand

What AR Data Are Collected?

- Two separate file types (similar to MDRO/CDI Module LabID reporting):
 1. AR Event files – contain all information associated with the individual isolate
 - Each AR Event is a separate, individual file
 - Reported from:
 - All inpatient locations
 - 3 outpatient location types: ED, pediatric ED & 24-hour observation area
 2. AR Summary files – contain summary-level data
 - FacWideIN: patient days & admissions
 - Not submitted for *individual* inpatient locations
 - Outpatient locations: encounters

AR Event Criteria

- Event data: Isolate-level susceptibility results for specific organisms
- Qualifying isolate criteria for an AR Event:
 1. Collected from one of four specimen types:
 - Blood
 - Cerebrospinal fluid (CSF)
 - Urine
 - Lower respiratory
 2. Collected in an eligible patient care location
 3. One of over 20 organisms identified
 - See list on next slide
 4. Antimicrobial susceptibility testing must be completed



CMS Promoting Interoperability (PI) Program & AUR

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
- Critical access hospitals **are** eligible to participate

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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Public Health Registry Reporting Clinical Data Registry Reporting 	5 points (bonus)	Optional

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

Two ways to be in active engagement with NHSN

- Option 1 – Pre-production and validation
 - Registration within NHSN
 - Testing & validation of the CDA files
- Option 2 – Validated data production
 - Registration within NHSN
 - Submitting production AU & AR files to NHSN
 - CY 2024 – 180 continuous days of AUR data submission
- **Note:** Beginning in CY 2024, facilities can only spend one calendar year in Option 1 (pre-production and validation)

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 **electronic medication administration records (eMAR)/barcoded medication administration (BCMA)** records or an **electronic admission discharge transfer (ADT)** system during the EHR reporting period; or
 3. Does not have an **electronic laboratory information system (LIS)** or **electronic ADT** system during the EHR reporting period.
- Hospitals enter exclusion in the CMS Hospital Quality Reporting (HQR) system & CMS reviews

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

HQR User guide: <https://www.cms.gov/files/document/hqr-user-guide.pdf>

Reporting deadline:

Option 1 – Pre-production & Validation

- 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 requests within 30 days
 - **Failure to respond twice within an EHR reporting period would result in the facility not meeting the measure**
- Ask that facilities register and submit test files **no later than November 1, 2024**
 - Allows the NHSN team to process the test files

Send email updates of progress if you registered before test files are ready

- Hospitals are supposed to reply to requests from NHSN within 30 days
 - Failure to respond twice will result in that hospital not meeting the measure
- If you've registered intent but don't have test files ready, email NHSNCDA@cdc.gov a status report at least every 60 days until your test files are ready
 - General email sharing progress towards getting test files

Reporting deadline:

Option 2 – Validated data production

- Per CMS PI Program guidance: Facilities should report data on an ongoing basis during EHR reporting period
- NHSN automatically sends out status letters on the first day of every month
- Final annual 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

Keys to Success

Steps for Facility Participation in the AUR Module

- Prerequisites: eMAR or BCMA, LIS & ADT
- Identify facility lead(s)/champion(s) and gain support
- Figure out your vendor situation
- Determine whether your facility would meet an exclusion for the PI Program
- Use NHSN implementation validation protocols to identify issues early on
 - <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-Option-Implementation-Data-Validation-P.pdf>
 - <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/ar-validation-508.pdf>

Steps for Facility Participation in the AUR Module (cont.)

- Determine your facility's designated "180-day EHR Reporting Period"
- Review AUR PI Program Quick Reference Guide:
<https://www.cdc.gov/nhsn/pdfs/cda/PHDI-Facility-Guidance-508.pdf>
- Determine if your facility has done any of the following steps already
 - Over 1,000 facilities have already completed step 1 (registration)
- Complete PI Program registration of intent within NHSN
- Send AUR test files to NHSNCDA@cdc.gov
- Monthly submission
- Complete validation of data on an annual basis
(<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/annual-au-data-validation-508.pdf>)

Use AUR Module Resources

- AUR Module website: <https://www.cdc.gov/nhsn/psc/aur/index.html>
- AUR Trainings: <https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html>
- 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]

[FAQs: AUR Reporting for the CMS Promoting Interoperability Program – October 2023](#)

[Promoting Interoperability – Guidance for Facilities – March 2023](#)  [PDF - 250 KB]

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

Join our next NHSN AUR Office Hours: December 5

- Office Hours: NHSN AUR Module for CMS Promoting Interoperability Program
- Tuesday, December 5 from 12:00-1:00 PM Eastern Time
- Register in advance for this session:
https://cdc.zoomgov.com/webinar/register/WN_M0ba-W2wS6KX4DNn4NbF_A

Thank you!

Reach out to us at the NHSN Helpdesk

With SAMS access:

<https://servicedesk.cdc.gov/nhsncsp>

Without SAMS access:

NHSN@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Upcoming Events

Knocking Out Workplace Violence

- Learning Session #2: Wednesday, November 15 | 1-2pm ET
- Affinity Group #2: Tuesday, November 28 | 1-2pm ET

December Office Hours

“Should I stay or should I go? Evidence from the Pandemic and Promising Solutions to Address Clinician Burnout”

- Thursday, December 14 | 12-12:30pm ET

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