Vice, Rudith (CDC/NCEZID/OD)

Dear Mr. Baird,

Thank you for submitting comments regarding the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Office of Management and Budget (OMB) Package 0920-0666. We appreciate you taking the time to review the submission and to provide thoughtful feedback and suggestions. We have provided responses, below, to each of the topics featured in your comment.

Increase efficiency in automated reporting:

Through CDC's Data Modernization Initiative, we will continue increasing the automation capabilities of surveillance systems like NHSN and its ability to connect with other data submission techniques, vendors, and systems. For example, we are collaborating with partner organizations and State Health Departments to pilot projects aimed at streamlining and modernizing vaccination data reporting. We are committed to working with hospitals, long term care facilities (LTCFs), health systems, and state, territorial, local and tribal agencies (STLTs) to ensure we improve user experience and reduce burden, while still collecting the data necessary to inform public health decision-making. CDC is committed to ensuring new reporting requirements can be completed via automated CDA. To assist in creating standards for reporting via automated CDA, NHSN offers an Implementation Guide and associated materials based fully on HL7-balloted CDA document specifications. Any new reporting requirements needed for automated CDA must adhere to the HL7 balloting process timeline, which may take up to 3 years to implement within the NHSN application. To provide reporting requirements faster to our users, NHSN will always implement new reporting requirements in the following order:

1. Via Manual Entry optional in UI, CSV Upload
2. Via Manual Entry required in UI, CSV Upload
3. Via Automated in CDA

Improvements to reporting using CSV:

CDC is committed to continuously improving the user experience of the NHSN application. The vaccination team has made several improvements to increase efficiency of reporting. The suggestion to include group CSV upload for inpatient rehabilitation facilities (IRF) reporting of annual influenza vaccination data will be considered for a future enhancement.

CAUTI CMS Reports:

NHSN, as a surveillance system, is used to meet the needs of infection prevention, public health, and Federal agency program requirements, such as the Centers for Medicare and Medicaid Services (CMS) IRF Quality Reporting Program. Given the diverse use of the surveillance data, NHSN provides several resources, alerts, quality checks, and analytic reports to create transparency for facilities in the data that were submitted and how they are used for necessary calculations. In the case of the retrospective annual surveys, some of the survey elements are necessary for appropriate risk adjustment of the standardized infection ratios (SIR) shared with CMS IRF QRP; as such, the SIR reports will include

the SIR calculations once the survey and other required data elements have been reported. This includes a partial survey completed with the required elements for risk adjustment; for newly operational facilities, the survey data could represent a span of six months for the first survey year. When the survey is incomplete, the analytic reports will generate and display the data *not* included in the SIR calculation.

The SIR also relies on the individual events to be reported to NHSN, in addition to monthly denominator counts. The event-level and denominator data reported are accessible through several analytic reports including event line lists and unadjusted rate tables.

Issues with legacy system requirements:

The NHSN surveillance platform is used for both voluntary and mandatory reporting at multiple levels – facility/corporation, state/jurisdiction, and federal – with varying needs. The design of platform is intended to meet these varying needs but while one may assume individuals reporting will compile and adhere to all reporting requirements, the Monthly Reporting Plan (MRP) is put in place to for several critical functions, such as:
   • Notifying NHSN that the facility intends to report certain data.
   • Serving as an agreement between the facility and NHSN that data will be reported in accordance with the appropriate module/protocol.
   • Acknowledging that permission is given to NHSN to share its data with the appropriate entities on its behalf.
   • Activating business rules within the platform that flag incomplete reporting based the content of the MRP.

As noted earlier, platform improvements are being included in the CDC Data Modernization Initiative – a multi-year process and the initial phase for NHSN was introduced earlier this year with the move of the NHSN platform into a cloud-based environment. Later phases of the Modernization Initiative for NHSN, involve introducing full digital reporting and potential automation of the MRP. All phases of the Initiative require thoughtful discussions for change; in particular, a change in the MRP process requires careful and deliberate consideration as the MRP is a critical, complex part of the process for NHSN reporting. As progress is made with the initiative, NHSN will provide updates and trainings related to any changes undertaken.

We are very appreciative of the time and effort that went into your comments. We rely on feedback from users and partners to help us identify ways to continually improve NHSN and enhance the user experience.
Sincerely,

CDC NHSN