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

May 8, 2024

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 CY 2024 PI Program: https://www.cms.gov/files/document/cy-2024-antimicrobial-use-and-resistance-surveillance-specification-sheet.pdf
- **Will not be discussing the currently proposed rule or how that may change the AUR Reporting measure for CY 2025 (comments due 6/10/24)**
  - Federal Register :: Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes

Goals for today

1. Provide insight to the CMS PI Program requirement for AUR Module reporting

2. Answer questions about AUR Module reporting and how it relates to the CMS PI Program

3. Provide additional resources for facilities to review after the webinar

Agenda

- **Overview of the CMS PI Program requirements using most asked questions of the NHSN Helpdesk & during previous presentations**
- **Presenters will summarize questions asked by attendees in the Q&A and respond**

- **Some questions may need a more detailed review by the NHSN AUR Team & you may be asked to send them to the team via ServiceNow or NHSN@cdc.gov**
- **Please send any questions not answered today to the NHSN AUR Team via ServiceNow or NHSN@cdc.gov**

Commonly Asked Questions

Question 1

What is the CMS Promoting Interoperability (PI) Program?

CMS PI Program

- **Requires eligible hospitals and critical access hospitals to report on objectives and measures to be considered a meaningful EHR user and avoid a downward payment adjustment**
- **Program Requirements | CMS**

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

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

Question 2

How do facilities find out if their hospital participates in the CMS Promoting Interoperability (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**

- **Long term care facilities (skilled nursing/nursing home) are not eligible to participate**
- **Other types of hospitals that provide inpatient care are <u>not</u> included in the CMS PI Program.**
  - Inpatient rehab hospitals (IRF)
  - Inpatient psych hospitals (IPF)
  - Long term acute care hospitals (LTCH/LTAC/LTACH)
  - Rural Emergency Hospitals (REH)

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	• Inpatient rehab hospitals (IRF) • Inpatient psych hospitals (IPF) • Long term acute care hospitals (LTCH/LTAC/LTACH) • Rural Emergency Hospital (REH)
	Do not accept data from	None	Non-hospital facilities, for example: • Outpatient dialysis clinics • Ambulatory surgery centers • Long term care facilities (skilled nursing/nursing home)

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
  - Working on 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 within the PI Program & are the same for other Public Health and Clinical Data Exchange Objective 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 the reporting period for the CMS PI Program? Do I need to be reporting AUR data into NHSN now?

EHR Reporting Period

- **Each facility designates their own EHR reporting period**
  - For CY 2024: minimum of any 180 continuous days
  - 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

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2024 EHR REPORTING PERIOD (cms.gov)

Question 6

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 who may have additional insight into your hospital's PI Program reporting

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

Question 7

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 8

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 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.**

Notes on exclusions

- **NHSN can provide guidance but ultimately CMS must decide whether a specific scenario meets exclusion criteria**
  - Reported in CMS Hospital Quality Reporting (HQR)
  - Exclusions are submitted during the HQR open period (January 1 – last day in February)

- **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**
  - Claim the exclusion that's closest to your hospital's situation

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

Exclusion examples

1. **Example: If *Candida* isolates are sent out for identification and/or 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 9

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 10

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

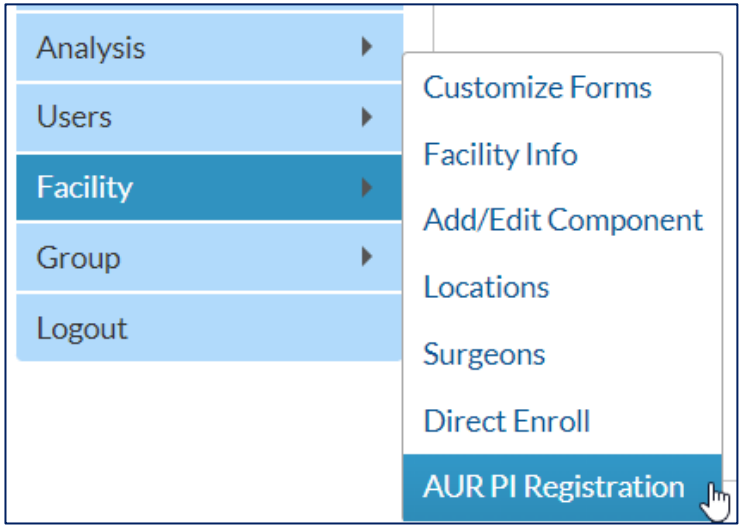
1. **Figure out your vendor software situation**
   - Certified by ONC and listed on the HealthIT webpage: https://chpl.healthit.gov/#/search
   - Validated by NHSN and listed on the NHSN SDS webpages: https://www.cdc.gov/nhsn/cdaportal/sds/au-vendor-list.html & https://www.cdc.gov/nhsn/cdaportal/sds/ar-vendor-list.html
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 3,500 facilities have already completed step 1 (registration of intent)

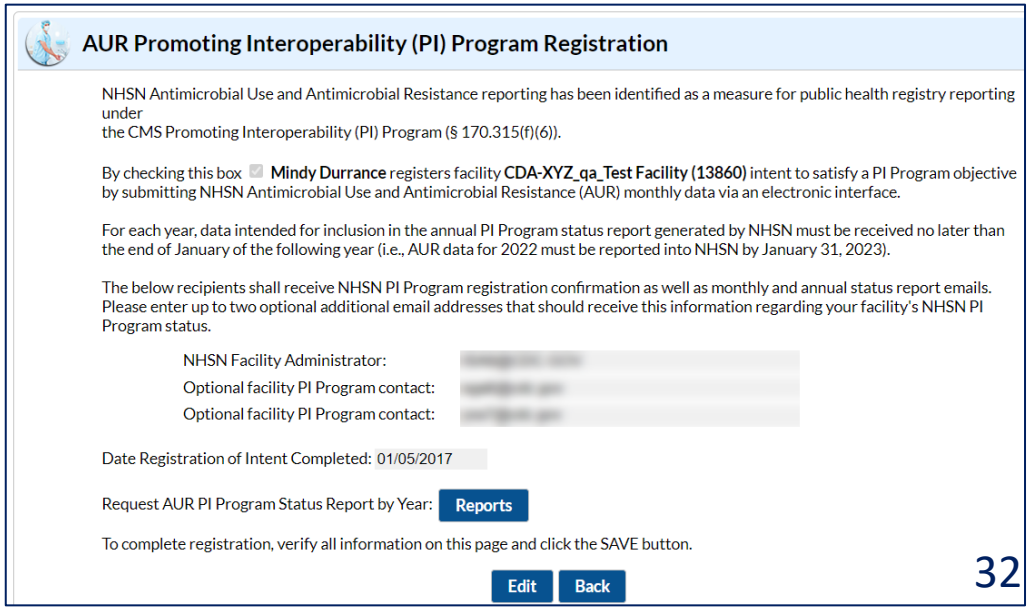
Important notes about vendors

- **AUR Module is a public health surveillance module that exists within CDC's NHSN**
- **Facilities must work with their vendor(s) to pull/aggregate data and populate Clinical Document Architecture (CDA) files to upload into NHSN**
  - EHR Vendors
  - Surveillance software vendors
- **Once the files are ready, facilities can manually upload or send via Direct CDA Automation within the vendor software (if vendor is set up to do that)**
  - How to manually upload CDA files

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 the steps to get that roll reassigned: https://www.cdc.gov/nhsn/facadmin/index.html
6. Not the same as attestation (specifically, no way to designation Option 1 vs Option 2)

Step 2 – Testing and validation of AUR CDA files

- **Work towards generating the files within your vendor system**
- **Send 3 files total; 1 test file for each file type:**
  - AU
  - AR Event (numerator)
  - AR 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**
   - Send all 3 files if you'd like a letter saying you've passed validation
   - 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 or plans to submit 180 days of data for CY 2024, **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
01/2024	Yes	Yes	Yes
02/2024	Yes	Yes	Yes
03/2024	No	No	No

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, Facility-wide inpatient (FacWideIN), and select outpatient locations (ED, pediatric ED, 24hr observation area)***

   *Only locations where numerator and denominator can be accurately captured

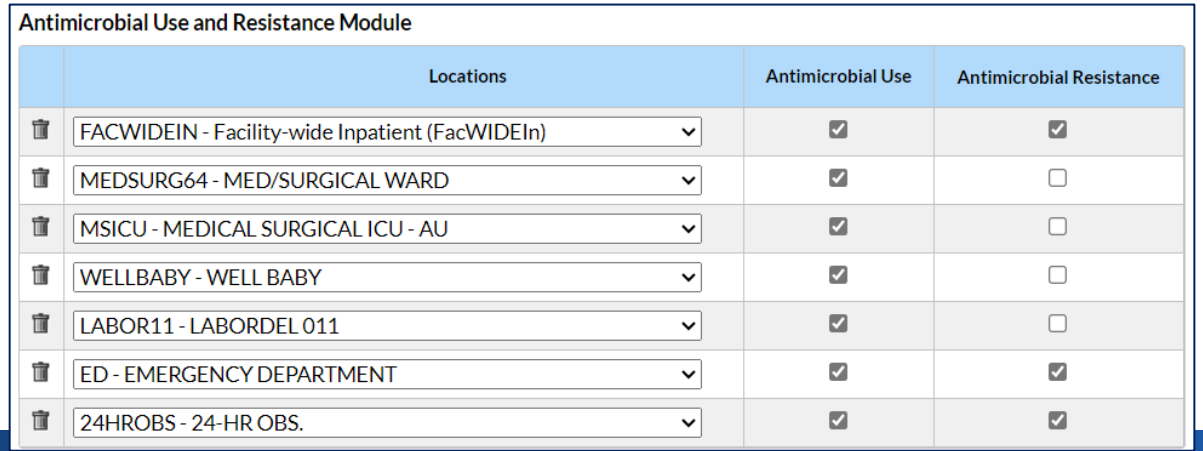
   - Work with your Infection Control team to review/map locations

Question 11

Do I need to add AUR to my Monthly Reporting Plan in NHSN? If so, how?

Facilities must add AUR to the Monthly Reporting Plan when ready to submit production AUR data

- **AU reporting:**
  - Add Facility-wide Inpatient (FacWideIN)
  - Add each individual inpatient location & select eligible outpatient locations
- **AR reporting:**
  - Add Facility-wide Inpatient (FacWideIN)
  - Add select eligible outpatient locations


Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
	FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)	☑	☑
	MEDSURG64 - MED/SURGICAL WARD	☑	☐
	MSICU - MEDICAL SURGICAL ICU - AU	☑	☐
	WELLBABY - WELL BABY	☑	☐
	LABOR11 - LABORDEL 011	☑	☐
	ED - EMERGENCY DEPARTMENT	☑	☑
	24HROBS - 24-HR OBS.	☑	☑

Question 12

If a hospital uses a validated vendor, does that change the requirements?

No — Using a validated vendor doesn’t change requirements

- **If attesting to “Option 1 – Pre-production and Validation”, work towards creating and sending 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**

Question 13

My hospital already submits AU data to NHSN. Do I need to send AU test files to complete to receive a letter from NHSN saying my facility completed validation?

Yes — All three files are required to receive a letter saying validation has been completed

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

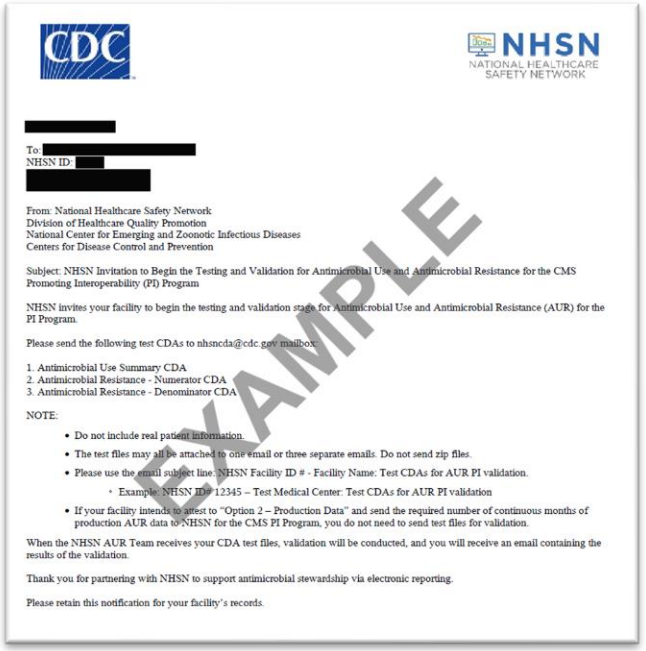
- **If reporting production data for AU but still in the pre-production and validation stage for AR, the hospital would have to complete "Option 1 – Pre-production and Validation" as its overall level of engagement for the measure.**
  - Work towards sending all three file types for validation

Question 14

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

- **The 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 Production Data", 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 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 15

When do facilities need to complete the steps 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**
  - 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**
- **If you'd like a letter saying file validation is complete, 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 29**
  - CMS specifications: complete registration within 60 days of the start of EHR reporting period
- **(to receive a letter back from NHSN showing passing validation) 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 60 days after completing registration, send emailed status updates to NHSN to maintain active engagement status

Question 16

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

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 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
01/2024	Yes	Yes	Yes
02/2024	Yes	Yes	Yes
03/2024	No	No	No

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 29**
  - 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 17

Do the quarterly CMS Quality Reporting Programs 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 18

When and where do facilities complete the PI Program attestations?

Attest within the CMS HQR

- **Facilities provide AUR attestation 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 19

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

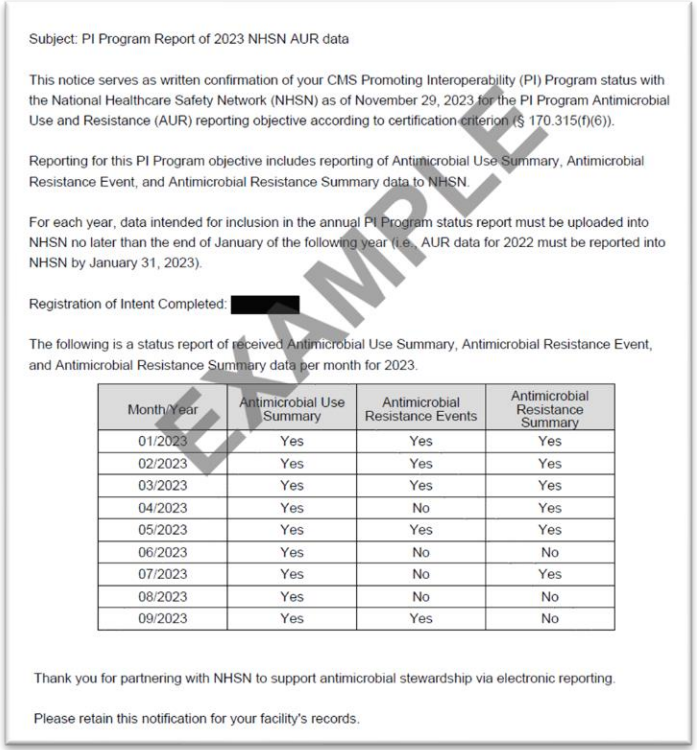
Option 1 Documentation/Verification of Facility Status

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

      OR
    - Emails that your facility sent to NHSN as your status updates

Option 2 Documentation/Verification of Facility Status

- **Option 2 – Validated Data Production**
  - Monthly email showing AUR data submission status
    - Sent to NHSN FacAdmin 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 FacAdmin
    - 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.

Save documentation for future reference

- **Some documentation will be needed for the attestation process**
  - E.g., confirmation of registration, AUR submission status report

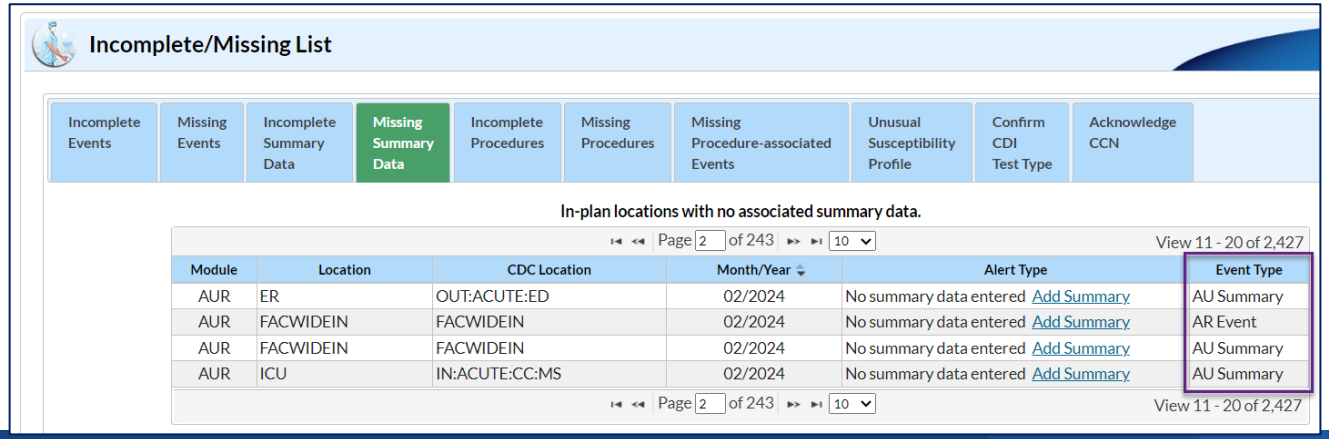
- **Save electronic or paper copies following your facility's process for other CMS reporting measures**

Question 20

I can see AUR items showing up on the Missing Data Alerts when I log into NHSN but I've uploaded my AUR data and the monthly AUR submission status report emailed to me shows "Yes" for all reporting. Why is there a discrepancy?

Monthly Reporting Plan & Alerts

- **Facilities add AUR to their NHSN Monthly Reporting Plans**
- **Then upload AUR data**
  - All locations listed in the Monthly Reporting Plan included in the upload?
    - Yes: no missing summary data alerts are generated
    - No: missing summary data alerts are generated

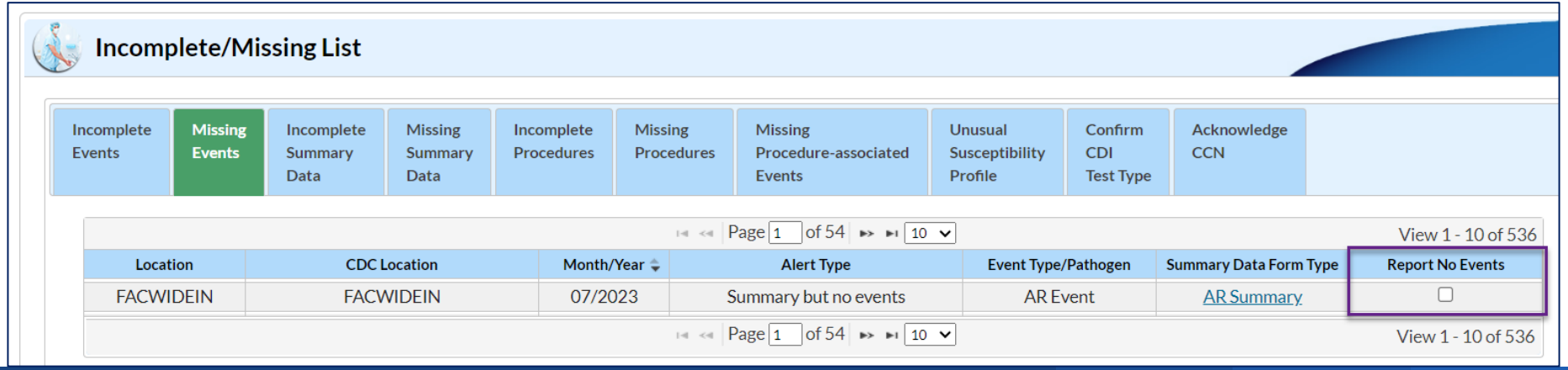


Clear alerts by uploading data

- **Why do I have missing data?**
  - Zip file may not have included all location types or data types
  - Individual files may have failed and you didn't notice during upload
- **Try the upload again**
  - Pay attention to the number of files in the .zip and whether any fail
- **Work with your vendor representative**
  - Find missing files
  - Resolve errors in files
- **Try the upload again**
- **Goal is to have zero missing data alerts**

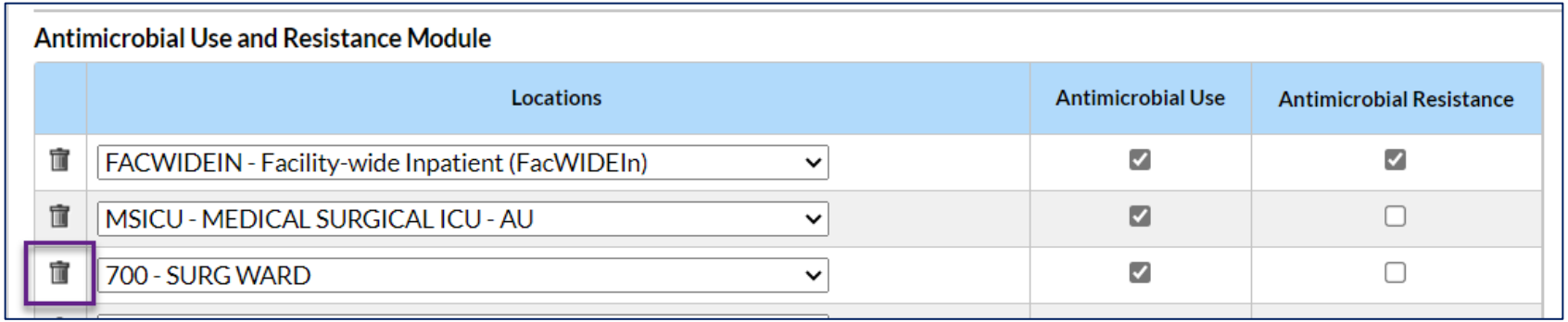
Alerts for Missing AR Event data

- **Do you have isolates that qualify as AR Events?**
  - Yes: find & upload them
  - No: click the “Report No Events” box
    - https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AR-QRG-NoEvents-508.pdf



Clear alerts by updating reporting plan

- **In some circumstances, you may not be able to report data for a location in your reporting plan**
  - E.g., cannot accurately capture numerator or denominator data
- **Remove that location from the reporting plan**
  - Click the garbage can icon to remove a whole row
  - See AU FAQs for more info: [FAQs: Antimicrobial Use (AU) Option | NHSN | CDC]



Question 21

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

AUR Module Webpage

- **Bookmark the link: 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**
- **Updated AUR Educational Roadmap: https://www.cdc.gov/nhsn/training/roadmap/psc/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 – Spring 2024 [PDF – 1 MB]

Question 22

What if I have questions for CMS?

CMS Help Desk

- **For questions regarding the Medicare Promoting Interoperability Program, you can submit your questions directly to the CMS Questions & Answers tool at: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question**

- **You can also contact the CCSQ help desk for assistance at QnetSupport@cms.hhs.gov or 1-866-288-8912.**

Q&A

2024 NHSN Annual Training Recordings

- **AUR topics include:**
  - AUR Module Reporting for the CMS Promoting Interoperability Program
  - AR Option Standardized Resistant Infection Ratio (SRIR) & Pathogen-specific Standardized Infection Ratio (pSIR)
  - Common AUR Module Data Import Issues and Questions
  - AUR Module Data Quality Validation
  - AUR Module Value Set Resources
  - AUR FAQ session
  - CDC Updates on Hospital Antibiotic Stewardship
- **Eventually posted on AUR Training site (end of May/beginning of June): https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html**

Upcoming training opportunities

- **Office Hours: NHSN AUR Module for CMS Promoting Interoperability Program**
  - Wednesday, May 29 2:00-3:00pm ET
    - Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_BKMFnN0vTPOJTpNt-5ncAg

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