

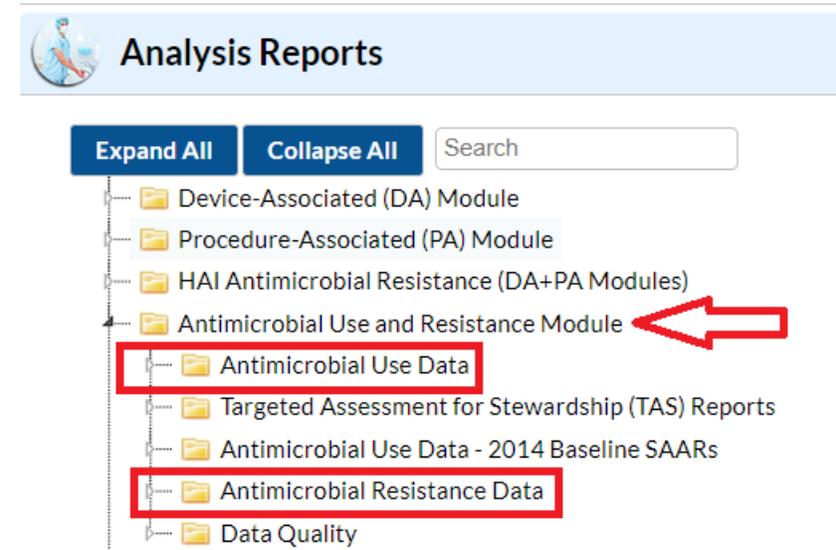


# NHSN AUR INTRODUCTION

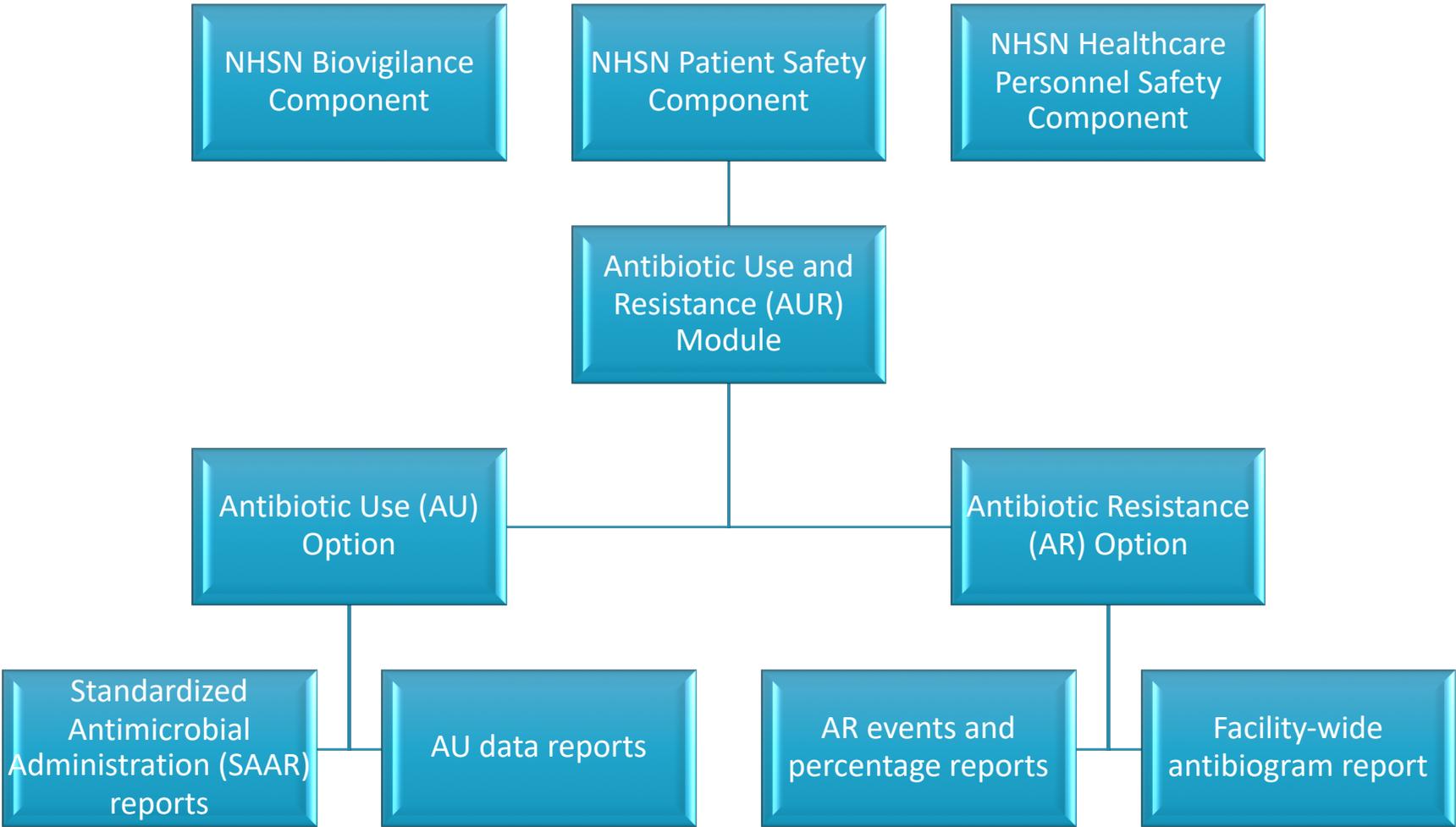
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# New NHSN AUR Requirement

- Begins Calendar Year (CY) 2024
- Applies to critical access hospitals and all other hospitals participating in the Medicare Promoting Interoperability Program (formerly Meaningful Use)
- For CY 2024, facilities must attest to either:
  - Being in active engagement with NHSN to submit AUR data (either Option 1 or 2)
  - Claim an applicable exclusion
- Requirement applies to **both** AU and AR data reporting



# NHSN Structure





## Welcome to the NHSN Landing Page



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Select component:

- ▼
- Biovigilance
- Dialysis
- Healthcare Personnel Safety
- Long Term Care Facility
- Neonatal
- Outpatient Procedure
- Patient Safety**



## NHSN - National Healthcare Safety Network

### NHSN Home

- Dashboard ▶
- Reporting Plan ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- COVID-19 ▶
- Surveys ▶
- Analysis ▶
- Logout



### Analysis Reports

Expand All

Collapse All

Search

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- Antimicrobial Use and Resistance Module**
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- COVID-19 Module
- CMS Reports
- TAP Reports
- Baseline Set 1
- Baseline Set 2
- Advanced
- My Custom Reports

Component → Module

# What is “Active Engagement”?

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## Option 1: Completing pre-production and validation

- Registration of intent to submit data as well as testing & validation of specific data files known as CDA files
- Fill out a form within NHSN and submit test files in partnership with your vendor to CDC’s help desk
- Even facilities that currently report to AUR must complete this form
- Beginning in Calendar Year (CY) 2024, facilities can only spend 1 calendar year in Option 1

## Option 2: Production submission

- This includes the above steps **plus** formally submitting AU & AR data into the NHSN production environment

# What is a SAAR?

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SAAR = Standardized Antimicrobial Administration Ratio

- A measure of antibiotic use that is risk-adjusted to allow for benchmarking across facilities
- Based on a predictive model
- SAAR > 1.0 indicates greater antimicrobial use than predicted
- SAAR = 1.0 indicates antimicrobial use equivalent to predicted use
- SAAR < 1.0 indicates less antimicrobial use than predicted

Does not measure appropriateness – clinical judgement required

$$SAAR = \frac{\textit{Observed antimicrobial days of therapy}}{\textit{Predicted antimicrobial days of therapy}}$$

# Examples

## Same organization, different quarters

orgID	summaryYQ	SAARType_2017	antimicrobialDays	numAUDaysPredicted	numDaysPresent	SAAR
13860	2019Q1	Adult_Antifungal_Ward_2017	113	41.815	2718	2.702
13860	2019Q2	Adult_Antifungal_Ward_2017	180	66.861	4346	2.692
13860	2019Q3	Adult_Antifungal_Ward_2017	55	28.046	1823	1.961

**Note:** Data for example only.

## Different organizations, same month

### Broad spectrum antibacterial agents predominantly used for hospital-onset infections used in adult SAAR ICUs

orgID	summaryYM	SAARType_2017	antimicrobialDays	numAUDaysPredicted	numDaysPresent	SAAR	SAAR_pval	SAAR95CI
10229	2018M07	Adult_BSHO_ICU_2017	573	124.580	111	4.599	0.0000	4.234, 4.988
13860	2018M07	Adult_BSHO_ICU_2017	411	268.873	927	1.529	0.0000	1.386, 1.682
15269	2018M07	Adult_BSHO_ICU_2017	131	99.352	315	1.319	0.0027	1.107, 1.559

**Note:** Data for example only.

# Further Assistance

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## Resources

- [CDC's NHSN AUR Promoting Interoperability Guidance](#)
  - For active engagement step-by-step directions
  - All hospitals should review this resource
- [WA DOH's NHSN AUR Implementation FAQ](#)
- [Application for Funding Support for WA Hospitals](#)



## Support

- Office hours for WA hospitals
  - Monthly, starting in late May, details TBA
- WSHA webinar
  - AUR speakers from larger facilities
  - Date TBA



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