National Healthcare Safety Network (NHSN) Coronavirus (COVID-19) Surveillance in Healthcare Facilities

Request for OMB approval of a New Information Collection

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Supporting Statement B

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1. Respondent Universe and Sampling Methods

The purpose of this inherently duplicative approach was to ensure hospitals began collecting this critical data expeditiously, consciously leveraging hospitals' long-standing familiarity and use of NHSN. However, as our experience grew throughout the pandemic, it became clear that this duplication was not effective and was an additional burden on the respondents and on the Department to maintain and update as the response and the associated data needs changed. Thus, on July 10, 2020 HHS discontinued collection using National Healthcare Safety Network, which was collecting similar information. This single collection (along with collections intermediated through state health departments) represent the source for hospitalization information related to COVID-19 feeding the HHS Protect platform. To reduce duplication of effort across the broader system, HHS makes available this data to state health departments through HHS Protect and to the broader public through HealthData.gov (in various forms of aggregation to protect individual persons/entities). This collection is transitioning back to CDC's NHSN beginning mid-December 2022 because the Teletracking contract ends December 31, 2022.

NHSN's COVID-19 reporting modules are currently approved under OMB Control No. 0920-1317, expiration 12/31/2023. Since 2005, NHSN has provided healthcare facilities, states, regions, and the nation with the data desired to identify healthcare-associated infection (HAI) and antimicrobial resistance problem areas, measure the progress of prevention efforts, and ultimately eliminate HAIs in conjunction with driving the achievement of the overall mission of the Department of Health and Human Services (DHHS). As of March 2020, enrollment in NHSN has continuously increased, with over 25,000 enrolled healthcare facilities and over 22,500 actively reporting healthcare facilities across the U.S. Of these, there are over 5,700 acute care facilities; 8,100 dialysis facilities; 600 long-term acute care facilities, 430 free-standing inpatient rehabilitation facilities; 800 inpatient psychiatric facilities; over 3,800 long-term care facilities; and 5,580 ambulatory surgery facilities.

All data for NHSN is collected via a secure internet application, and NHSN participation is open to all U.S. healthcare facilities. Reporting institutions can access their own data at any time and analyze it through the secure internet interface. As with HAI data, NHSN plans to use COVID-19 data aggregated from multiple hospitals to establish and update statistical benchmarks of disease burden at various geographic levels, including state and national, that can be shared with individual hospitals within the NHSN application and in online reports without compromising NHSN's commitment to preserving the confidentiality of each hospital's data.

In effect, NHSN serves as a multi-purpose platform that consolidates HAI-related reporting and analysis functions into one system, with a single set of data definitions, reporting specifications, and summary statistics. NHSN is an extensible platform that enables coverage to be expanded, both by enrolling additional types of healthcare facilities, such as long-term care facilities (LTCFs), and by adding or further specifying reportable event types, such as surgical site infections (SSIs) following operative procedures in ambulatory surgical centers (ASCs) and adverse reactions during or following administration of blood products.

2. Procedures for the Collection of Information

A "suspected COVID-19" count is defined as a patient without a laboratory confirmed COVID-19 diagnosis who has signs and symptoms compatible with COVID-19 (most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness, such as cough, difficulty breathing). A "confirmed COVID-19" count is defined as a patient with a laboratory confirmed COVID-19 diagnosis. Suspected or confirmed COVID-19 counts will be monitored daily across all long-term care facilities and reported to NHSN by infection preventionists (IPs). This includes the residents with laboratory-confirmed or clinically diagnosed COVID-19. Data entered must meet the case definitions provided in the associated tables of instructions (Attachment 4b). Data will be entered into the NHSN web application either manually or via comma-separated values (CSV).

3. Methods to Maximize Response Rates and Deal with No Response

Participation in NHSN is open to all healthcare institutions with patient population groups that are addressed by the NHSN modules. Participating institutions have complete autonomy on the choice of modules to use, and modules are reported each year. Healthcare institutions must apply for membership in NHSN by completing a series of forms that include identifying and contact information and agree to collect and report data using the NHSN protocols. However, many stakeholders external to CDC encourage or require participation in NHSN for varying purposes. The flexibility of NHSN that permits healthcare institutions to choose from a wide array of options while participating in a national surveillance system that will permit them to comply with accreditation requirements and provide confidentiality to them and their patients have resulted in increasing numbers of participants. Three examples are provided below.

- As of March 2020, 36 states, the District of Columbia, and Philadelphia require facilities in their jurisdictions to join NHSN to comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of healthcare facility-specific adverse event, prevention practice adherence, and other public health purposes.

- The U.S. Centers for Medicare and Medicaid Services (CMS) has identified NHSN as the surveillance mechanism to enable healthcare facilities to report HAI and prevention practice adherence data in fulfillment of CMS's quality measurement reporting requirements for those data.

- As of May 8, 2020, CMS requires nursing homes to report cases of COVID-19 directly to CDC via NHSN. CMS also requires nursing homes to fully cooperate with CDC surveillance efforts around COVID-19 spread and makes the data publicly available on a CMS website. Failure to report a case of COVID-19 or persons under investigation (PUI) may result in an enforcement action.

4. Tests of Procedures or Methods to be undertaken

NHSN is a surveillance system has integrated legacy patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC, which has served as the successful pilot tests of the NHSN surveillance methods. Those systems were the National Nosocomial Infection Surveillance (NNIS) system, the National Surveillance System for Healthcare Workers (NaSH), and the Dialysis Surveillance Network (DSN).

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

It is the responsibility of the CDC Division of Healthcare Quality Promotion, Surveillance Branch staff to manage and analyze data collected through NHSN. Also, facilities and groups of facilities (quality improvement organizations, state health departments, prevention collaborative) can analyze their data for their purposes.