**Explanation for Program Changes or Adjustments**

This Revision includes proposed changes to 74 approved and 10 new NHSN data collections detailed below:

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| **Patient Safety Component** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.100 NHSN Registration Form | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None |
| Cost  | Total Respondent Cost increased from $7,938 to $9,786 | None  |
| 57.101 Facility Contact Information | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Respondent Cost increased from $15,827 to $19,514 | None  |
| 57.102 NHSN Help Desk Customer Satisfaction Survey | New data collection  | The purpose of this data collection is to assess customer satisfaction with the NHSN Help Desk and identify opportunities to improve the customer experience. The Survey is available to all customers that submit Help Desk tickets. | Increased  |
| 57.103 Patient Safety Component--Annual Hospital Survey | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents increased from 5311 to 5400. Avg. Burden per Response increased from 135 to 137. Total burden increased from 11,950 to 12,330.  | Increased- Avg. Burden per Response increased by 2 minutes. Total burden increased by 380. |
| Cost  | Total Respondent Cost increased from $567,984 to $722,538. | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Increased Avg. Burden per Response increased by 2 minutes. Total burden increased by 380. |
| 57.104 NHSN Facility Administrator Change Request Form | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Form | Form updated to match what is collected in the online application. Noted fields that are required and optional. Provided clarification on what is required to submit in the application. Noted that MM/DD/YYYY is needed for the Date of Request Field. Reformatted Current NHSN Facility Admin information and New NHSN Facility Admin information. Updated question ‘Does the new NHSN Facility Administrator currently have access to CDC’s Secure Access Management Services (SAMS)? (Select one)’ to ‘Does the new NHSN Facility Admins currently have SAMS access? (optional) to match the online application. Deleted the fax number to contact NHSN for assistance.  | None  |
| Cost  | Total Respondent Cost increased from $3,185 to $3,926.  | None |
| 57.105 Group Contact Information | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Respondent Cost increased from $3,801 to $4,221.  | None |
| 57.106 Patient Safety Monthly Reporting Plan | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Respondent Cost increased from $1,115,196 to $1,374,932.  | None |
| Remove CLIP data element  | CLIP is being retired as a reporting option in 2025 so needs to be removed from the Monthly Reporting Plan. | None  |
| 57.108 Primary Bloodstream Infection (BSI) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents increased from 5775 to 6000. No. of Responses per Respondent increased from 5 to 12. Avg. Burden per Response increased from 39 to 42. Total Burden increased from 18,769 to 50400.  | Decrease- Avg. Burden per Response increased by 3 minutes. Total burden increased by 31631. |
| Cost  | Total Cost increased from $892,091 to $2,953,440. | None  |
| Sex at Birth, Gender Identity, and Gender data collection questions              | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | Race      As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> |  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.111 Pneumonia (PNEU) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | Avg. Burden per Response increased from 31 to 34 minutes. The Total Burden increased from 1860 to 2040.  | Avg. Burden per Response increased by 3 minutes. Total burden increased by 180.  |
| Cost  | The Total Respondent Costs increased from $88,406 to $119,544.  | None  |
| Sex at Birth, Gender Identity, and Gender data collection questions  | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026. Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African. ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026. List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx>.  | Increase  |
| Interpreter needed  | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question. This field will be optional for reporting in 2025 and become a required field in 2026.   | Increase |
| 57.112 Ventilator-Associated Event | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 29 to 32 minutes. Total Burden increased from 21,124 to 23,309.  | Increased- Avg. Burden per Response increased by 3 minutes. Total burden increased by 2,185. |
| Cost  | Total Respondent Cost increased from $1,004,024 to $1,365,907.  | None  |
| Sex at Birth, Gender Identity, and Gender       | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language             | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.113 Pediatric Ventilator-Associated Event (PedVAE) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | Avg. Burden per Response increase from 31 to 34. Total Burden increased from 173 to 189.  | Increase, Avg. Burden per Response increased by 3 minutes. Total Burden increased by 16.  |
| Cost  | Total Respondent Cost increased from $8,223 to $11,075. | None |
| Sex at Birth, Gender Identity, and Gender       | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language             | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.114 Urinary Tract Infection (UTI) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Average Burden per Response update | No. of Responses per Respondent increased from 5 to 12. Avg. Burden per Response increased from 21 to 24 minutes. The Total Burden increased from 10,500 to 28,800. | Increase-Avg. Burden per Response increased by 3 minutes. Total burden increased by 18,300.  |
| Total Cost update  | The Total Respondent Cost increased from $499,065 to $1,687,680.  | None  |
| Sex at Birth, Gender Identity, and Gender  | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity            | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language             | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| New Date Element-Neurogenic Bladder  | Data collection for these new data points will allow NHSN to review the number of CAUTI events where SCI and/or neurogenic bladder are present, which can then be used assess if adjustments should be made to current NHSN UTI criteria. urrently, NHSN does not collect this data and have received feedback from spinal cord injury professional associations stating that the NHSN UTI criteria may not accurately reflect the unique physiological and anatomical differences of patients who have neurogenic bladders.  | Increased  |
| 57.115 Custom Event | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 36 to 39. Total Burden Hours increased from 32,760 to 35490.  | Increase-Avg. Burden per Response decreased by 3 minutes. Total burden increased by 2730.  |
| Cost  | Total Respondent Cost increased from $1,557,083 to $2,079,714.  | None  |
| Sex at Birth, Gender Identity, and Gender  | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity              | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language           | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.116 Denominators for Neonatal Intensive Care Unit (NICU) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response was reported in hours (4). This was updated to be 240 minutes. The Total Burden increases from 880 to 52,800.  | Increase-Total burden increased by 51,920 |
| Total Cost  | The Total Respondent Costs increased from $41,826 to $2,509,584. | None |
| 57.117 Denominators for Specialty Care Area (SCA)/Oncology (ONC) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response was reported in hours (5). This was updated to 300 minutes. The Total Burden increases from 500 to 30000.  | Increase-Total burden increased by 29,500 |
| Total Cost Update  | The Total Respondent Costs increased from $23,765 to $1,758,000.  | None  |
| 57.118 Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response was reported in hours (5). Changed to 300 minutes. The Total Burden increases from 27,500 to 1,650,000.  | Increase-Total burden increased by 1,622,500 |
| Total Cost Update  | Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $1,087,350 to $96,690,000.  | None  |
| 57.120 Surgical Site Infection (SSI) | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response decreased from 36 to 14. Total burden decreased from 27,360 to 10,640.  | Decreased-Avg. Burden per Response decreased by 22 minutes. Total Burden decreased by 16,720.  |
| Total Cost  | Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60.Total Respondent Cost decreased from $1,081,814 to $623,504.  | None  |
| Sex at Birth, Gender Identity, and Gender  | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity              | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language             | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.121 Denominator for Procedure | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 10 to 14. Total burden increased from 7600 to 10,640.  | Increased-Avg. Burden per Response increased by 4 minutes. Total Burden increased by 3040.  |
| Cost  | Type of Respondent updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $300,504 to $623504.  | None  |
| Update to data element  | Under Spinal Level the data element ‘Atlas-axis/Cervical’ was separated to delineate an ‘Atlas-axis’ procedure and a ‘Atlas-axis/Cervical’ procedure.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity              | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026.Ethnicity             Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language           | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.122 HAI Progress Report State Health Department Survey | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 28 to 50. Total Burden increased from 26 to 46.  | Increased-Avg Burden per Response increased by 22. Total Burden increased by 20. |
| Total Cost  | Total Cost increased from $1,191 to $2,339. | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Increased-Avg. Burden per Response increased by 22 minutes. Total burden increased by 20. |
| 57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables-Initial Set-up | Adding burden and cost that was not included in previous packages. | Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates. | Increased  |
| 57.123 Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables-Yearly Maintenance | Adding burden and cost that was not included in previous packages.  | Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates. | Increased  |
| 57.123 Antimicrobial Use and Resistance (AUR): Microbiology Laboratory Data Monthly Electronic Upload Specification Tables-Monthly  | Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Addition  | Added additional specimen sources: skin, soft tissue, wound and musculoskeletal. Expand specimen sources captured in NHSN AR Option surveillance to better match previous data source used for CDC’s AR Threats report.   | None  |
| Removal  | Removed Specimen body site/system from the form. The specimens are grouped into specimen source buckets only. Removed this field from the form as NHSN does not group specimens by body site/system.  | None |
| Revision  | Allow facilities using certain antimicrobial susceptibility testing machines to report data to NHSN AR Option. Changed fromEligible organisms include specific *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus* species.  ToEligible organisms include genus level and all species for *Candida*, *Citrobacter*, *Klebsiella*, and *Proteus*. | None |
| Addition  | Add *Streptococcus pyogenes* as an eligible organism.  | None  |
| Revision  | The AR Option susceptibility testing panels (Table 3a on the form) include more than just antibiotics. Updated this term to accurately reflect what’s captured.  Changed from Variable “antibiotic” and description “Antibiotic used for susceptibility test”  ToVariable “drug test” and description “Antimicrobial used for susceptibility test”  | None  |
| Addition  | Add the ability to report rapid molecular detection of antimicrobial resistance markers and the result of those tests.   | None  |
| Revision  | Updated antimicrobial susceptibility testing panels to align with Clinical and Laboratory Standards Institute guidance.  Add amphotericin b, ceftibuten, plazomicin, rezafungin, and sulbactam/durlobactam to the antimicrobial susceptibility testing panels. Remove chloramphenicol, doripenem, gemifloxacin, quinupristin-dalfopristin, sulfisoxazole, and trimethoprim from the antimicrobial susceptibility testing panels.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. The fields will be required for 2025.  | None |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | None |
| Race | Race      As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | None  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | None  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | None  |
| 57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Initial Set-up | Adding burden and cost that was not reported in previous packages. | Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates. | Increased  |
| 57.124 Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables-Yearly Maintenance | Adding burden and cost that was not presented in previous packages. | Adding updated burden and cost to signify that this form has an initial set up and yearly maintenance updates. | Increased  |
| 57.124 Antimicrobial Use and Resistance (AUR): Pharmacy Data Monthly Electronic Upload Specification Tables-Monthly  | Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Cost Change  | Change of Type of Respondent from Registered Nurse to Pharmacist. Hourly Wage Rate Hourly Wage Rate increased from $39.54 to $69.36. Total Respondent Cost increased from $217,470 to $381,480. | None |
| Addition | Added three antimicrobials approved by FDA: cefepime/enmetazobactam, ceftobiprole medocaril, and pivmecillinam. | None |
| Addition | Potentially add one antimicrobial that is pending FDA approval as of September 1, 2024: etzadroxil/probencid. If it is not approved by FDA, it will not be added to the AU Option reporting. | None |
| Removal | Remove one antimicrobial no longer used or available for purchase: chloramphenicol | None |
| 57.125 Central Line Insertion Practices Adherence Monitoring | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Race, Ethnicity, Language, Interpreter Needed | We are retiring the ability to enter new events on this form beginning January 1, 2025. The current form will remain available, as is, so facilities can enter events that occurred prior to January 1, 2025. Additional new data will not be collected past 12/31/2024.  | None |
| 57.126 MDRO or CDI Infection Form | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per Respondent increased from 11 to 12. Avg. Burden per Response increased from 31 to 34. Total Burden increased from 4092 to 4896.  | Decreased-Avg. Burden per Response increased by 3 minutes. Total burden increased by 804.  |
| Total Cost  | Cost increased from $194,493 to $286,906. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Cost increased from $1,895,259 to $2,336,675. | None  |
| 57.128 Laboratory-identified MDRO or CDI Event | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Responses per Respondent decreased from 79 to 12. Avg. Burden per Response increased from 21 to 24 minutes. Total burden decreased from 132,720 to 23,040. | Decreased-Avg Burden per Response increased by 3 minutes. Total burden decreased by 109,680. |
| Total Cost  | Total Cost decreased from $6,308,182 to $1,350,144. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Interpreter Needed: Yes No Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.129 Adult Sepsis | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per Respondent decreased from 250 to 12. Avg. Burden per Response increased from 25 to 28 minutes. Total Burden decreased from 5208 to 280.  | Decreased-Total burden decreased by 4928. |
| Cost  | Total Respondent Cost decreased from $247,536 to $16,408.  | None |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up | Form being removed, data collection being combined with form 57.132.  |  | None  |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Yearly Maintenance | Form being removed, data collection being combined with form 57.132. |  | None |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-Infection Preventionist | Form being removed, data collection being combined with form 57.132. |  | None  |
| 57.130 Patient Safety Component CSV Data Collection-Infection Preventionist CSV Data  | Form being removed, data collection being combined with form 57.132. |  | None  |
| 57.130 Pathogens of High Consequence  | New Data Collection  | The data collection will be a tool to help inform the Centers for Disease Control and Prevention (CDC) of the incidence and prevalence of select high consequence pathogens of public health importance in acute care hospitals. It is important for CDC to be aware of which patient populations (i.e., pediatric and adult populations) are being affected by these pathogens and needs for healthcare infection prevention and control. Since this form is collecting data on hospitalized patients, it may also help inform on the severity of illness a high consequence pathogen is causing, and what region(s) of the country may be more affected. This form is also tied to Division of Healthcare Quality and Promotion’s (DHQP) Surveillance Branch (SB) objectives, including creating new surveillance measures to support preparedness, emergency response, and resilience in healthcare systems, as well as growing our (SB’s) leadership in the nation’s evolving healthcare and public health informatics infrastructure. It is crucial for CDC to be aware of cases of these select pathogens of high consequence to help ensure that local and state authorities are equipped to contain and prevent further spread, because, as stated by CDC’s Office of Readiness and Response, what starts locally can quickly become a global emergency. Data collection is optional. If facilities opt in to filling out this form, they will only need to fill it out for days in which they have cases of high consequence pathogens to report. If they do not have any cases to report, the form will default to zero cases to help reduce reporting burden.  | Increased  |
| 57.132 Acute Care Hospital Monthly Fast Healthcare Interoperability Resources (FHIR) Measures In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP), Adult Sepsis, and RPS. The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary.  Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.  Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.  The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility’s data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics. The NHSN Respiratory Pathogens Surveillance (RPS) Measure can be captured via FHIR or for facilities that are not “FHIR ready,” data will be collected via 100% electronically automated data capture from the facility’s electronic health record (EHR) and exported to Comma Separated Values (CSV) files for submission to NHSN. CSV files will be submitted to the NHSN via NHSN DIRECT automation, or they can be manually imported into the NHSN. Manual data entry is not available for the NHSN Respiratory Pathogens Surveillance module.   |
| 57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Initial Set up | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Respondent Cost increased from $7,442,820 to $8,390,250.  | None  |
| Title Change | Changed title of form from ‘Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-IT Initial Set up’ to ‘Patient Safety Component Digital Measure Reporting Plan’. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. New measures (Venus Thromboembolism (VTE), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP), and Adult Sepsis) have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to “follow.” The fields of Start Month and Start Year are conditionally required only if the “Following” option is selected for a particular measure.  | None  |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up data collection being combined with form 57.132 | Combined several forms to better reflect electronic data collection. | None  |
| FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx and [2025 OMB FHIR RPS Data Dictionary\_Updates.xlsx](https://cdc.sharepoint.com/%3Ax%3A/r/teams/NCEZID-DHQP_SB_Chief/Shared%20Documents/NHSN%20FHIR%20Measures%20Channel/OMB%20documents/2025%20OMB%20FHIR%20Measures%20Data%20Dictionary_Updates.xlsx?d=w4da1fddc8286425ab3c89bff17deddcb&csf=1&web=1&e=TcNnor).). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. For RPS, 3 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 8 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.  | None  |
| 57.133 Patient Safety Component FHIR Measures-VTE Module-IT Initial Set up data collection being combined with form 57.132. | Combined several forms to better reflect electronic data collection. | None  |
| NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form. | In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards(i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP)​. Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.   | None  |
| 57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-IT Yearly Maintenance | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Total Respondent Cost increased from $5,513,200 to $6,215,000. | None  |
| Title Change | Changed title of form from ‘Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-IT Yearly Maintenance’ to ‘Patient Safety Component Digital Measure Reporting Plan’. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. The Venus Thromboembolism (VTE) and Respiratory Pathogens Surveillance (RPS) measure and new measures Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) and Adult Sepsis have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to “follow.” The fields of Start Month and Start Year are conditionally required only if the “Following” option is selected for a particular measure. | None  |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up data collection being combined with form 57.132 | Combined several forms to better reflect electronic data collection. | None  |
| FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx and 2025 OMB FHIR RPS Data Dictionary\_Updates.xlsx.). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. For RPS, 3 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 8 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary. | None  |
| 57.133 Patient Safety Component FHIR Measures-VTE Module- IT Yearly Maintenance data collection being combined with form 57.132. | Combined several forms to better reflect electronic data collection. | None  |
| NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form.  | In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards(i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP)​. Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.   | None  |
| 57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP)-Infection Preventionist | Title Updated  | Changed title of form from ‘Patient Safety Component FHIR Measures-HOB, HT-CDI Modules-Infection Preventionist’ to ‘Patient Safety Component Digital Measure Reporting Plan’. The Patient Safety Digital Measure Reporting Plan has been updated to reflect how the data will be collected within the NHSN Application on a single screen. The Venus Thromboembolism (VTE) and Respiratory Pathogens Surveillance (RPS) measure and new measures Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) and Adult Sepsis have been added, each are optional for reporting. These new measures have been added to the Patient Safety digital measures as they are all high-consequence patient safety events that should be under surveillance and reported on a national level. Each facility may choose which measures they wish to “follow.” The fields of Start Month and Start Year are conditionally required only if the “Following” option is selected for a particular measure. | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per Respondent decreased from 6 to 4. Avg. Burden per Response increased from 6 to 10. Total Burden increased from 3300 to 3667.  | Increased-Avg. Burden per Response increased by 4. Total Burden increased by 367.  |
| Cost  | Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $174,277.  | None  |
| 57.130 Patient Safety Component FHIR Measure Respiratory Pathogens Surveillance (RPS)-IT Initial Set up data collection being combined with form 57.132  | Combined several forms to better reflect electronic data collection. | None  |
| 57.133 Patient Safety Component FHIR Measures-VTE Module- Infection Preventionist data collection being combined with form 57.132 | Combined several forms to better reflect electronic data collection. | None  |
| NEW Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as a FHIR measure collected under this form. | In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for quality measures that adopt new healthcare data exchange standards(i.e., Fast Healthcare Interoperability Resources (FHIR)) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Adult Sepsis and Nonventilator Hospital-acquired Pneumonia (NVHAP)​. Both of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.   | None  |
| 57.132 Digital Reporting Plan-RPS-CSV | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $2,645,898 to $3,921,336.  | None  |
| 57.130 Patient Safety Component CSV Data Collection form is being removed, data collection being combined with form 57.132. | Combined several forms to better reflect electronic data collection.The NHSN RPS module is developed to enable the measurement of the facility and unit-specific incidence and prevalence of Coronavirus 2019 (COVID-19), Influenza, and Respiratory Syncytial Virus (RSV) disease among patients admitted to the hospital, and specific associated patient outcomes using technical solutions that will maximize use of healthcare data in electronic form and minimize manual processes of data collection and reporting. The RPS module electronically collects patient-level data on those hospitalized patients with a respiratory illness due to one or more of the pathogens under surveillance. Data collected via the RPS module may be used both by facilities for quality improvement and patient care planning purposes, as well as by local, state, and federal public health agencies in coordination and response to public health outbreaks.  | None  |
| 57.133 Patient Safety Component FHIR Measures-VTE Module-IT Initial Set up | Form being removed, data collection being combined with form 57.132. |  | None  |
| 57.133 Patient Safety Component FHIR Measures-VTE Module-IT Yearly Maintenance | Form being removed, data collection being combined with form 57.132. |  | None |
| 57.133 Patient Safety Component FHIR Measures-VTE Module- Infection Preventionist | Form being removed, data collection being combined with form 57.132. |  | None |
| 57.133 Patient Safety Attestation | New Data Collection.  | Healthcare facilities must remain vigilant about maintaining patient safety in order to serve their patients, families, healthcare personnel, and the broader population well and meet or exceed established standards. Vigilance requires that patient safety be integrated and prioritized in all aspects of work—decision-making at the leadership level, developing and implementing policy, sustaining a safety culture and ongoing learning, engaging with patients and their families, and maintaining a system of accountability and transparency; gaps in any of these areas compromise the safety of everyone. This measure requires facilities to attest to taking a wholistic approach to maintaining patient safety and serves as a mechanism to hold facilities accountable for delivering on this obligation. | Increase  |
| 57.135 Late Onset Sepsis/ Meningitis Denominator Form: Late Onset Sepsis/ Meningitis Denominator Form: Data Table for monthly electronic upload | Form number, 57.135 is being changed to 57.601.  | The current form number, 57.135, is a Patient Safety Component form number. This form is captured under the Neonatal Component within NHSN. The form number is being updated to 57.601 to reflex that the form is collected under the Neonatal Component. See the Neonatal Comment section in this document for further revisions to the form.  | None  |
| 57.136 Late Onset Sepsis/ Meningitis Event Form: Data Table for Monthly Electronic Upload | Form number, 57.136 is being changed to 57.602.  | The current form number, 57.136, is a Patient Safety Component form number. This form is captured under the Neonatal Component within NHSN. The form number is being updated to 57.602 to reflex that the form is collected under the Neonatal Component. See the Neonatal Comment section in this document for further revisions to the form.  | None  |
| 57.149 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Long-Term Care Facilities | Form is being retired  | Form is no longer in use.  | Decreased  |
| 57.150 LTAC Annual Survey | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Burden  | No. of Respondents increased from 392 to 395. Avg. Burden per Response increased from 89 to 102. Total Burden increased from 581 to 672.  | Increased-Avg. Burden per Response increase by 13. Total Burden increased by 91.  |
| Cost  | Total Respondent Cost increased from $27,615 to $39,379.  | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Increased-Avg. Burden per Response increased by 13 minutes. Total burden increased by 85. |
| 57.151 Rehab Annual Survey | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Burden  | No. of Respondents decreased from 1,160 to 395. Avg. Burden per Response increased from 89 to 102. Total Burden decreased from 1721 to 672.  | Avg. Burden per Response increased by 13 minutes. Total burden decreased by 1,049.  |
| Cost  | Total Respondent Cost decreased from $81,799 to $39,379.  | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Avg. Burden per Response increased by 13 minutes. Total burden decreased by 1,049. |
| 57.408 Monthly Survey Patient Days & Nurse Staffing | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Burden  | Avg. Burden per Response was reported in hours (5) and was updated to 300 minutes. Total burden increased from 30,000 to 150,000.  | Increased-Total Burden Increased by 120,000 |
| Cost  | Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Cost increased from $1,186,200 to $8,790,000.  | None  |

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| **Long-Term Care Facility Component**  |  | **Itemized Changes / Justification** | **Impact to Burden** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.136 Respiratory Tract Infection Event | Form is being retired  | Form was never implemented  | Decreased  |
| 57.137 Long Term Care Facility Component—Annual Facility Survey | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Burden  | No. of Respondents decreased from 17,700 to 6,270. Avg. Burden per Response increased from 120 to 135. Total burden decreased from 35,400 to 14,108.  | Decreased-Avg. Burden per Response increased by 15 minutes. Total Burden decreased by 21,292.  |
| Cost  | Total Respondent Cost decreased from $1,682,562 to $826,729.  | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Decreased-Avg. Burden per Response increased by 15 minutes. Total Burden decreased by 21,292.  |
| 57.138 Laboratory-identified MDRO or CDI Event for LTCF | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated  | Statement is being updated due to a new mailing address.  | None |
| Burden  | No. of Respondents decreased from 1,086 to 286. Avg. Burden per Response increased from 20 to 23. Total Burden decreased from 8688 to 2631. | Decreased-Total Burden decreased by 6057.  |
| Cost  | Total Respondent cost decreased from $412,941 to $154,177.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.139 MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None |
| Burden  | No. of Respondents decreased from 1019 to 738. Avg. Burden per Response decreased from 20 to 10. Total Burden decreased from 4076 to 1476.  | Decreased-Avg. Burden per Response decreased by 10. Total Burden decreased by 2600. |
| Cost Change  | Total Respondent Cost decreased from $193,732 to $86,494.  | None  |
| 57.140 Urinary Tract Infection (UTI) for LTCF | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address | None  |
| Burden  | No. of Respondent decreased from 339 to 373. No. of Responses per Respondent decreased from 36 to 24. Avg. Burden per Response increased from 35 to 38. Total Burden decreased from 7119 to 5670.  | Decreased-Avg. Burden per Response increased by 3 minutes. Total Burden decreased by 1449.  |
| Cost Change  | Total Respondent Cost decreased from $338,366 to $332,262.  | None |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed | This question can help identify differences in infection risk by Declined to Respond Unknown /language barriers that exist. Interpreter Needed will be a Y/N question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Added gram-negative organisms  | Added Klebsiella pathogen and sensitivities, which is a common gram-negative bacterium that affects nursing homes.   | Increased |
| 57.141 Monthly Reporting Plan for LTCF | Burden  | No. of Respondents decreased from 1,099 to 546. Avg. Burden Per Response decreased from 15 to 5. Total Burden decreased from 2499 to 546.  | Decreased-Avg. Burden per Response decreased by 10. Total Burden decreased by 1953. |
| Cost  | Total Respondent Cost decreased from $156,706 to $31,996.  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None |
| 57.142 Denominators for LTCF  | Burden  | No. of Respondents increased from 715 to 724. Total Burden increased from 5005 to 5068.  | Increased-Total Burden increased by 70.  |
| Cost  | Total Respondent Cost increased from $237,554 to $296,985.  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address | None |
| 57.143 Prevention Process Measures Monthly Monitoring for LTCF | Burden  | No. of Respondents increased from 357 to 434. Total Burden increased from 357 to 434.  | Increased-Total Burden increased by 77.  |
| Cost  | Total Respondent Cost decreased from $16,986 to $25,432.  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address | None |
| 57.144 Resident Respiratory Pathogens Event Form | Retire form | Form not in use.  | Decrease  |
| 57.145 Long Term Care Antimicrobial Use (LTC-AU) Module-Electronic Upload Specification Tables | Logo  | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address | None |
| Cost  | Type of Respondent changed from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $652,410 to $966,900. | None  |

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| **HealthCare Personnel Safety Component** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.200 Healthcare Personnel Safety Component Annual Facility Survey | Retire Form  | Form no longer in use | Decrease  |
|  |  |  |
| 57.203 Healthcare Personnel Safety Reporting Plan | Retire Form  | Form no longer in use | Decrease  |
| 57.204 Healthcare Worker Demographic Data | Retire Form  | Form no longer in use | Decrease  |
| 57.205 Exposure to Blood/Body Fluids | Retire Form  | Form no longer in use | Decrease  |
| 57.206 Healthcare Worker Prophylaxis/Treatment | Retire Form  | Form no longer in use | Decrease |
| 57.207 Follow-Up Laboratory Testing | Retire Form  | Form no longer in use | Decrease |
| 57.210 Healthcare Worker Prophylaxis/Treatment-Influenza | Retire Form  | Form no longer in use | Decrease |
| 57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Form is blank on the OMB website  | The form is OMB approved, but does not populate on the OMB website  | None  |
| Burden  | No. of respondents decreased from 125 to 117. No. of Responses per Respondent decreased from 52 to 12. Total burden increased from 6,500 to 585.  | Increased-Total Burden decreased by 3,802,500.  |
| Cost  | Hourly Wage Rate updated to reflect rate for an Occupational Health RN/Specialist. Total Respondent Cost decreased from $257,010 to $27,261.  | None  |
| 57.211 Weekly Healthcare Personnel Influenza Vaccination Cumulative Summary for Non-Long-Term Care Facilities | .CSV submission  | Adding additional way facilities have been able to submit data to NHSN. | Increased  |
| 57.214 Annual Healthcare Personnel Influenza Vaccination Summary-Manual  | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Form is blank on the OMB website  | The form is OMB approved, but does not populate on the OMB website  | None  |
| Burden | No. of Respondents increased from 5,000 to 22,000 as skilled nursing facilities are required to report this data. Total Burden increased from 10,000 to 44,000. | Increased-Total Burden increased by 34,000.  |
| Cost  | Hourly Wage Rate updated to reflect rate for an Occupational Health RN/Specialist. Total Respondent Cost increased from $395,400 to $2,050,400.  | None  |
| 57.214 Annual Healthcare Personnel Influenza Vaccination Summary-.CSV  | .CSV submission  | Adding additional way facilities have been able to submit data to NHSN. | Increased  |
| 57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel | Data has been collected on this form since the 2012-2013 influenza season, the form was overlooked and is now being submitted for OMB approval.  | The Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel is an optional data collection form. However, facilities are encouraged to complete this survey as the information can help CDC examine the relationship of different vaccination program elements to facility-reported vaccination percentages. | Increased  |
| 57.218 Weekly Resident Influenza Vaccination Cumulative Summary for Long-Term Care Facilities | Retire Form  | Form no longer in use | Decrease |

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| **Biovigilance Component**\*Unless otherwise specified in the measure name, burden numbers are based on previous trends in data collection, as the data collection form is submitted by the facilities when the specified incident occurs. |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden\*** |
| 57.300 Hemovigilance Module Annual Survey | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 63. Total Burden decreased from 717 to 90.  | Decreased-Total Burden decreased by 627.  |
| Cost  | Total cost decreased from $26,974 to $3,493 | None  |
| Sex at Birth, Gender Identity, and Gender data collection questions              | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | Increased  |
| 57.301 Hemovigilance Module Monthly Reporting Plan | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 108. Avg. Burden per Response decreased from 60 to 1. Total Burden decreased from 6,000 to 22.  | Decreased-Avg. Burden per Response decreased by 59 minutes. Total Burden decreased by 5,978. |
| Cost  | Total Respondent Cost decreased from $225,720 to $854. | None |
| 57.302 Hemovigilance Module Monthly Incident Summary | Cost | Total respondent cost increased from $2,032 to $2,096.  | None  |
| 57.303 Hemovigilance Module Monthly Reporting Denominators | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 102. Avg. Burden per Response decreased from 77 to 70. Total burden decreased from 7,700 to 1,428.  | Decreased-Avg. Burden per Response decreased by 7 minutes. Total Burden decreased by 6,272. |
| Cost  | Total cost decreased from $289,674 to $53,421.  | None |
| 57.305 Hemovigilance Incident | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 13. No. of Responses per Respondent increased from 10 to 77. Total Burden decreased from 833 to 167.  | Decreased-Total Burden decreased by 666.  |
| Cost  | Total Respondent Cost decreased from $31,337 to $6,481.  | None  |
| 57.306 Hemovigilance Module Annual Survey - Non-acute care facility | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 20. Avg. Burden per Response decreased from 36 to 35. Total burden decreased from 300 to 12.  | Decreased-Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 288.  |
| Cost | Total Respondent Cost decreased from $11,286 to $466.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| 57.307 Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 8. No. of Responses per respondent decreased from 4 to 2. Avg. Burden per Response increased from 21 to 22. Total Burden decreased from 700 to 6.  | Decreased-Avg. Burden per Response increased by 1 minute. Total Burden decreased by 694. |
| Cost  | Total Respondent Cost decreased from $26,334 to $233. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed         | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.308 Hemovigilance Adverse Reaction - Allergic Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 50. No. of Responses per Respondent increased from 4 to 11. Avg. Burden per Response increased from 21 to 22. Total Burden decreased from 700 to 202.  | Decreased-Avg. Burden per Response increased by 1 minute. Total Burden decreased by 517 |
| Cost  | Total Respondent Cost decreased from $26,334 to $6,884  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.309 Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 9. No. of Responses per Respondent increased from 1 to 2. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 6.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total burden decreased by 169 |
| Cost  | Total Respondent Cost decreased from $6584 to $233.  | None |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.310 Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 19. No. of Responses per Respondent increased from 2 to 5. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 350 to 32.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total burden decreased by 318 |
| Cost  | Total Respondent Cost decreased from $13,167 to $1,242.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.311 Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 85. No. of Responses per Respondent increased from 4 to 13. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 700 to 368.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 332 |
| Cost  | Total Respondent Cost decreased from $26,334 to $13,844.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknownquestion.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.312 Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 23. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 23.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 152 |
| Cost  | Total Respondent Cost decreased from $6,584 to $893.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.313 Hemovigilance Adverse Reaction – Infection | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 2. No. of Responses per Respondent increased from 1 to 2. Avg. Burden per Response decreased from 21 to 20. Total burden decreased from 175 to 1.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174 |
| Cost  | Total Respondent Cost decreased from $6,584 to $39.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.314 Hemovigilance Adverse Reaction - Post Transfusion Purpura | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 2. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 1.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174 |
| Cost  | Total Respondent Cost decreased from $6,584 to $39.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.315 Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 18. No. of Responses per Respondent increased from 1 to 3. Total Burden decreased from 167 to 18.  | Decreased-Total Burden decreased by 149 |
| Cost  | Total Respondent Cost decreased from $6,283 to $699.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.316 Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 500 to 1. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 0.33.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174.67 |
| Cost  | Total Respondent Cost decreased from $6,584 to $13.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.317 Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 1. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 0.33. | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 174.67 |
| Cost  | Total Respondent Cost decreased from $6,584 to $13.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| 57.318 Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No Change  | None  |
| Cost was calculated incorrectly.  | Total Respondent Cost decreased from $13,167 to $2,173. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.319 Hemovigilance Adverse Reaction - Unknown Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 15. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 15.  | Decreased- Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 160 |
| Cost  | Total Respondent Cost decreased from $6,584 to $582. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.320 Hemovigilance Adverse Reaction - Other Transfusion Reaction | Logo  | Updated NHSN Logo on form  | None |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden | No. of Respondents decreased from 500 to 39. No. of Responses per Respondent increased from 1 to 3. Avg. Burden per Response decreased from 21 to 20. Total Burden decreased from 175 to 39.  | Decreased - Avg. Burden per Response decreased by 1 minute. Total Burden decreased by 136 |
| Cost  | Total Respondent Cost decreased from $6,584 to $1,514. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Race  | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |

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| **Outpatient Procedure Component** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.400 Outpatient Procedure Component—Annual Facility Survey     | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Title Changed from Outpatient Procedure Component—Annual Facility Survey to Outpatient Procedure Component — Annual Ambulatory Surgery Center Survey | To provide clarification for the facility type that this survey applies to. | None  |
| Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.400-toi.pdf. | To increase ease of locating instructions for filling out the annual survey | None  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $2,293 to $3,399.  | None  |
| 57.401 Outpatient Procedure Component - Monthly Reporting Plan | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Updated Avg Burden per Response from 15 to 10 minutes. Total burden decreased from 1050 to 700.  | Decreased- Avg. Burden per Response decreased by 5 minutes. Total burden decreased by 350.  |
| Total Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total cost decreased from $41,517 to $41,020.  | None  |
| Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf | To increase ease of locating instructions for filling out the monthly reporting plan  | None  |
| Update Title of section data collection question on form. Title changed from Four Same Day Outcome Measures+ to Same Day Outcome Measures+.  | Updated as the title was redundant with the explanation.  | None  |
| 57.402 Outpatient Procedure Component Same Day Outcome Measures  | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf | To increase ease of locating instructions for filling out the monthly reporting plan  | None  |
| Burden  | Avg. Burden per Response increased from 40 to 43. Total Burden increased from 33 to 36.  | Increased-Avg. Burden per Response increased by 3 minutes. Total Burden increased by 6.  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $1,305 to $2,110.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity  | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increase |
|  | Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
|  | Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased |
|  | Interpreter needed         | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.403 Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures  | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf | To increase ease of locating instructions for filling out the monthly reporting plan  | None  |
| Added a ‘No Events Reported’ check box  | This was added so that facilities could indicate if they had no events to report for that time period. | None  |
| Form title changed from Outpatient Procedure Component Monthly Denominators for Same Day Outcome Measures to Outpatient Procedure Component Denominator for Same Day Outcome Measures | The title was changed to reduce the use of the word month.  | None  |
| For the question ‘\*Total number of encounters (admissions) for the month: \_\_\_\_\_\_\_\_\_\_’, the word ‘admissions was deleted and the question now reads ‘\*Total number of encounters for the month: \_\_\_\_\_\_\_\_\_\_’.  | The reason for the deleting the word (admissions) is to add clarity around facility type and the data being collected. | None  |
| Burden  | Avg. Burden per Response decreased from 40 to 20. Total burden decreased from 13,333 to 6,667.  | Decreased-Avg Burden per Response decreased by 20. Total burden decrease by 6,666 |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost decreased from $527,187 to $390,686.  | None  |
| 57.404 Outpatient Procedure Component - SSI Denominator  | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 10 to 23. Total burden increased from 5,000 to 11,500.  | Increase-Avg. Burden per Response increased by 13. Total burden increased by 6,500.  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $197,700 to $673,900  | None  |
| Added web link to top of form to for instructions to complete the form: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf | To increase ease of locating instructions for filling out the monthly reporting plan  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
|  | Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
|  | Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| 57.405 Outpatient Procedure Component - Surgical Site (SSI) Event | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg Burden per Response increased from 35 to 40. Total burden increased from 6300 to 7200.  | Increased- Avg. Burden per Response increased by 5. Total burden increased by 900.  |
| Total Cost  | Total cost increased from $299,439 to $342,216.  | None  |
| Added these options to the Signs & Symptoms and Laboratory sections: Added to Signs and Symptoms □ Sinus tract□ Wound spontaneously dehiscedAdded to Laboratory section: □ Organism(s) identified from ≥ periprosthetic specimens□ Other positive laboratory test | The reason for adding these additional check boxes is to collect the needed data for SSI criteria.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |

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| **Outpatient Dialysis Component** |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.500 Outpatient Dialysis Center Practices Survey | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents decreased from 7400 to 6900. Avg Burden per Response increased from 12 to 150 minutes. Total burden increased from 1480 to 17,250.  | Increased-Avg. Burden per Response increased by 138 minutes. Total burden increased by 15,770.  |
| Total Cost  | Total cost increased from $70,344 to $1,010,850.  | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Avg. Burden per Response increased by 138 minutes. Total burden increased by 15,770. |
| 57.501 Dialysis Monthly Reporting Plan | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60.Total Respondent Cost increased from $292,596 to $433,640.  | None  |
| Addition to instruction | Question changed from ‘□ Not Participating in NHSN this Month’ to ‘□ Not Participating in NHSN this Month (Check ONLY if facility is closed for the entire month)’, as update clarifies for facilities when this box should be checked.  | None  |
| Deletion of Patient Vaccination section | Patient Vaccination, Influenza Vaccination – Dialysis Patients section deleted as the CDC does not collect this data any longer. | None  |
| 57.502 Dialysis Event | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per Respondent increased from 12 to 30. Avg. Burden per Response increased from 15 to 50 minutes. Total Burden increased from 22,200 to 185,000.  | Increased-Avg. Burden per Response increased by 35. Total Burden increased by 162,800.  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $877,788 to $10,841,000. | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Question to go from option to required.  | Question is going to be required so NHSN can understand which access is used at the time of dialysis treatment for surveillance purposes. Optional: Access used for dialysis at the time of the event: (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection)FistulaGraftTunneled central lineNon-tunneled central lineOther vascular access deviceRequired: Access used for dialysis at the time of the event: (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection)FistulaGraftTunneled central lineNon-tunneled central lineOther vascular access deviceCatheter-Graft Hybrid | None  |
| Question being removed  | The question ‘Patient’s dialyzer is reused? Yes/No’ is being removed as dialyzers are rarely, if ever, reused any longer. There is not sufficient data to indicate this question should remain. | Decreased  |
| Question updated for clarity | The question is being updated to avoid confusion. Current Question: \*Suspected source of positive blood culture (check one):Vascular accessA source other than the vascular accessContaminationUncertainUpdated to: What is the suspected source of the organism or organisms identified on the positive blood culture?Vascular accessA source other than the vascular accessContaminationUncertain | None  |
| 57.503 Denominator for Outpatient Dialysis | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per respondent decreased from 24 to 12. Total burden decreased from 29,600 to 14,800.  | Decreased-Total burden decreased by 14,800 |
| Total Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total cost decreased from $1,170,384 to $867,280.  | None  |
| Revision to question  | Question updated from ‘\*Other vascular access device(e.g., catheter-graft hybrid, port)’ to ‘\* Other vascular access device(e.g., port)’, to add a new cell specifically for catheter-graft hybrid for clarity | None  |
| Created new cell | Catheter-graft hybrid new cell created to separate catheter-graft hybrid from “Other vascular access device” cells.  | None  |
| 57.504 Prevention Process Measures Monthly Monitoring for Dialysis | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response decreased from 75 to 60. Total Burden decreased from 25,950 to 20,760.  | Decreased-Avg. Burden per Response decreased by 15 minutes. Total Burden decreased by 5,190. |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost decreased from $1,026,063 to $1,216,536.  | None  |
| 57.505 Dialysis Patient Influenza Vaccination | Retire Form  | Form no longer in use | Decrease |
| 57.506 Dialysis Patient Influenza Vaccination Denominator | Retire Form  | Form no longer in use | Decrease |
| 57.507 Home Dialysis Center Practices Survey  | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Respondents increased from 450 to 550. Avg. Burden per Response increased from 36 to 65. Total Burden increased from 270 to 596.  | Increase-Avg. Burden per Response increased by 30. Total Burden increased by 326.  |
| Cost  | Respondent type updated from RN to microbiologist. Hourly Wage Rage increased from $39.54 to $58.60. Total Respondent Cost increased from $12,833 to $34,926.  | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Avg. Burden per Response increased by 30 minutes. Total burden increased by 326. |

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| **Neonatal Component**  |
| 57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) ModuleIn alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Late Onset Sepsis Meningitis (LOSMEN), Hospital-onset Acute Kidney Injury (HAKI), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) Hyperglycemia (Hyper), Opioid-related Adverse Events (ORAE), Adult Sepsis, and Hypoglycemia (Hypo). The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary.  Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.  Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.  The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility’s data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. This burden estimate is based on initial pilot studies. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics. The Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN) is the most comprehensive surveillance system for healthcare-associated infections in the U.S., yet aside from device-associated central line associated BSI’s (CLABSI’s) the system does not exclusively track meningitis and non-central line related bacteremia events in very low birthweight infants.  To meet the national needs for more comprehensive and timely surveillance of late-onset sepsis and meningitis events while avoiding increased reporting burden on hospitals to the fullest extent, NHSN plans to add the Late-Onset Sepsis/Meningitis  (LOS/MEN) Event module (FHIR option) to its surveillance system. The NHSN Late-Onset Sepsis/Meningitis Event module is developed to enable the measurement of facility and unit-specific risks  of late-onset sepsis and meningitis events among very low birthweight infants using technical solutions that will maximize use of healthcare data in electronic form and minimize manual processes of data collection and reporting. The LOS/MEN Event module electronically collects patient-level data on very low birthweight infants with positive blood and cerebrospinal fluid specimens under surveillance.  Data collected via the Late-Onset Sepsis/Meningitis Event module may be used both by facilities for quality improvement and patient care planning purposes.   |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Initial Set up | FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.  | None  |
| Cost  | Total Respondent Cost increased from $7442820 to $8,390,250. | None  |
| 57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-IT Yearly Maintenance | FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.  | None  |
|  | Cost  | Total Respondent Cost increased from $5,513,200 to $6,215,000. | None  |
| 57.600 Neonatal Component FHIR Measure-Late Onset Sepsis Meningitis (LOSMEN) Module-Infection Preventionist | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Respondent Type updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $193,380.  | None |
| 57.600 Neonatal Component Late Onset Sepsis Meningitis (LOSMEN) Module CDA Data Collection-Infection Preventionist | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Cost  | Respondent Type updated from RN to Microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $86,988 to $128,920.  | None  |
| 57.601 Late Onset Sepsis/ Meningitis Denominator Form: Late Onset Sepsis/ Meningitis Denominator Form: Data Table for monthly electronic upload | Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| Form number change  | The current form number, 57.135, is a Patient Safety Component form number. This form is captured under the Neonatal Component within NHSN. The form number is being updated to 57.601 to reflex that the form is collected under the Neonatal Component.  | None  |
| Cost  | Total Respondent Cost increased from $7,130 to $8,790.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| 57.602 Late Onset Sepsis/ Meningitis Event Form: Data Table for Monthly Electronic Upload | Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Logo  | Updated NHSN Logo on form  | None  |
| This form was approved in 2020, but the OMB website does not have the correct form posted on the website.  |  | None  |
| Burden  | Avg. Burden per Response increased from 5 to 6. Total burden increased from 150 to 180.  | Increased  |
| Cost  | Total Respondent Cost increased from $7,130 to $10,548.  | None  |
| Sex at Birth, Gender Identity, and Gender | Data collection on demographic characteristics such as gender identity is a critical component for understanding and addressing disparities and improving the health and well-being for gender diverse populations. NHSN is in the process of transitioning to a two-step approach to measuring sex at birth and gender identity. The addition of the Sex at Birth and Gender Identity fields is intended to provide an opportunity to more clearly identify and better understand adverse health outcomes that may be related to these concepts as well as more accurately address the unique needs in the LGBTQI+ population. These fields were approved and implemented for optional data collection for 2024. The fields will remain optional for 2025 to ensure consistent data collection requirements across submission methods with the goal of becoming required fields in 2026.  Once these fields are required, the ‘Gender’ field will be deleted as the ‘Gender Identity’ and ‘Sex at Birth’ fields will be required for collection and will improve the accuracy of data collection. | None  |
| Ethnicity | Based on the update to the Statistical Policy Directive (SPD) 15, the  ‘Ethnicity’ field will change from Ethnicity Hispanic or Latino Not Hispanic or Latino ToEthnicity Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |
| Race | As described in the March 28, 2024 update to the Statistical Policy Directive (SPD) 15, adding ‘Middle Eastern or North African’ (MENA) as a category separate and distinct from the ‘White’ category is a better reflection of the reality of many who are Middle Eastern or North African.  ‘Unknown’ and ‘Declined’ to respond are being added to account for rare circumstances where the patient is non-communicative and with no relatives/relations to provide this data.  The ‘Race’ field will change from Race (Specify): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander WhiteToRace (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond       This field will be optional for reporting in 2025 and become a required field in 2026. | Increased  |
| Language  | By diving deeper into population sub-groups who speak languages other than English, more specific and actionable differences in infection risk may be identified.  Preferred Language will be a single select option with a list of over 500 common languages spoken in US subpopulations for which English fluency cannot be presumed. This field will be optional for reporting in 2025 and become a required field in 2026.  List of languages can be found here <https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx> | Increased  |
| Interpreter needed          | This question can help identify differences in infection risk by communication/language barriers that exist. Interpreter Needed will be a Y/N Declined to Respond Unknown question.  This field will be optional for reporting in 2025 and become a required field in 2026. | Increased |

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| **Medication Safety Component**  |
| 57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE)In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to the collection of surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events that adopt new healthcare data exchange standards **(**Fast Healthcare Interoperability Resources i.e. FHIR) that will be collected via new collection methods (NHSNLink). This new model is based on submission of FHIR bundles that contain up to 18 unique FHIR resources (such as Patient and Encounter) which contain specific FHIR data elements that can be used to calculate metrics and provide patient-level risk adjustment. With this single stream of data, metrics for multiple healthcare associated events can be calculated, including but not limited to Hospital-Onset Bacteremia & Fungemia (HOB), Healthcare facility-onset, antibiotic-Treated Clostridiodes difficile Infection (HT-CDI), Venous Thromboembolism (VTE), Late Onset Sepsis Meningitis (LOSMEN), Hospital-onset Acute Kidney Injury (HAKI), Non-Ventilator Hospital-Acquired Pneumonia (NVHAP) Hyperglycemia (Hyper), Opioid-related Adverse Events (ORAE), Adult Sepsis, and Hypoglycemia (Hypo). The way the data collection has been designed, new measures can be added and calculated off of the single stream of data without requiring the addition of new data elements to the collection as outlined by the FHIR Data Dictionary.  Each of these new metrics are important to bring under national surveillance as the pose significant risk to patient safety. By providing standardized surveillance and national benchmarking for facilities to use for quality improvement to enhance patient safety.  Because of the shift to new healthcare data exchange standards (FHIR) and fully electronic definitions for metrics, these new measures will require very little human time to input answers to a traditional form. An infection preventionist will be required to fill out the digital Measures Reporting plan once to enter the start date and year for each measure their facility wishes to participate in plus a single question about the testing type/algorithm used for CDI at their facility. If they choose, they can also enter an end month/year for each measure.  The majority of the time burden estimated for this proposal is for the Information Technology/Clinical Informatics team at the facility. It will be their responsibility to read over the requirements documents and ensure that their systems meet the standardized terminology requirements, NHSN FHIR IG requirements, and that their facility’s data is mapped to the appropriate FHIR data elements. The data fields will not be filled by a person, but rather will be pulled from existing EHR data electronically. Thus by shifting to fully electronic measures and expanding surveillance via FHIR, burden is being removed from clinicians and shifted to electronic reporting that is supported by Information Technologists. The time required per facility will vary based on their current FHIR readiness. This burden estimate is based on initial pilot studies. Once this data is collected, it can be used by NHSN to calculate patient-level risk adjusted metrics.  |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) - IT Initial Set up | FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 15 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.  | None  |
| NEW Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). measures are being added as a FHIR measure collected under this form. | The goal of the NHSN Medication Safety Component is to enable collection of inpatient metrics to improve patient safety, facilitate hospital quality improvement efforts, and inform national benchmarking. The Medication Safety Component has expanded to include additional measures that will help accomplish this goal, including Hyperglycemia, Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). These new measures are all important hospital medication safety or hospital adverse events that impact patients and should be under national surveillance. The addition of the measures to the current glycemic control reporting plan requires a name change to reflect current and future measures included in the Medication Safety Component. In effort to standardize the reporting guidance across the various modules, the data fields of end month and end year are now optional. This change aligns with the measures added to the component. The reflected changes will not impact the data collection burden because of how the FHIR data pull has been structured to allow for calculation of multiple measures off a single data stream.  | None  |
| Title Change  | Form title changed from ‘Medication Safety Component FHIR Measure-Glycemic Control Module Hypoglycemia-IT Initial Set up’ to ‘Medication Safety-Digital Measure Reporting Plan- IT Initial Set up’. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.  | None  |
| Cost  | Total Respondent cost increased from $7,442,820 to $8,390,250.  | None  |
| 57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) -IT Yearly Maintenance | FHIR Data Dictionary Updates  | Through the development, testing, and piloting process, NHSN has identified the need to update some data element requirements for the new FHIR measures. The FHIR Resources that are being pulled are documented on the tab labeled “TOC – Monthly”. For the resources listed, NHSN will be pulling all of the data elements that exist in that resource within the facility’s FHIR server, regardless of the data element designation of NRT, NR, MS or R (definitions to these abbreviations can be find in the “Abbreviations” tab); with the exception of the Patient resource which is constrained to only the data elements listed in the Patient tab. The presence of the data elements will be evaluated by the NHSN FHIR validator, and will be rejected if data elements or resources with a designation of R are missing from the FHIR bundle. The edits/changes that have been made to the FHIR data element requirements are documented in the tab labeled “FHIR DD Change Log” (2025 OMB FHIR Measures Data Dictionary\_Updates.xlsx). Many of the edits reflect identification of documentation errors that have been corrected. The data elements that have been updated to be NR or NRT were identified as no longer being needed for the calculation of the metrics. Some data elements were changed from NR or NRT to MS or R, meaning they were added to the data being requested by NHSN as they may be necessary for metric calculation or risk adjustment. As these data elements already exist in the EHR, a change in the elements that NHSN is pulling is not expected to result in a change in burden to the facilities. 16 data elements increased their constraint to Required (highlighted in yellow in “FHIR DD Change Log” tab). 16 data elements were updated from either MS or R to NR or NRT (decrease in burden, highlighted in blue). The remaining edits would not be expected to change the burden of data collection. Overall, the impact to burden would be expected to be no change in burden. One additional FHIR resource profile was added (Diagnostic Report), however this did not change the requirements at the data element level but allows for an expansion of the allowable categories from DiagnosticReport.Category. The data elements listed in the FHIR Data Dictionary did not need to expand with the addition of new monthly measures because of how the data pull has been structured. For example, all laboratory results are included in the data pull, so the addition of the HAKI measure did not require the addition of specific kidney-related laboratory results to the data dictionary.  | None  |
| NEW Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). measures are being added as a FHIR measure collected under this form. | The goal of the NHSN Medication Safety Component is to enable collection of inpatient metrics to improve patient safety, facilitate hospital quality improvement efforts, and inform national benchmarking. The Medication Safety Component has expanded to include additional measures that will help accomplish this goal, including Hyperglycemia, Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE). These new measures are all important hospital medication safety or hospital adverse events that impact patients and should be under national surveillance. The addition of the measures to the current glycemic control reporting plan requires a name change to reflect current and future measures included in the Medication Safety Component. In effort to standardize the reporting guidance across the various modules, the data fields of end month and end year are now optional. This change aligns with the measures added to the component. The reflected changes will not impact the data collection burden because of how the FHIR data pull has been structured to allow for calculation of multiple measures off a single data stream.  | None |
| Title Change  | Form title changed from ‘Medication Safety Component FHIR Measure-Glycemic Control Module Hypoglycemia-IT Initial Set up’ to ‘Medication Safety-Digital Measure Reporting Plan- IT Initial Set up’. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.  | None |
| Cost  | Total respondent cost increased from $5513200 to $6,215,000 | None |
| 57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) -Infection Preventionist | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | No. of Responses per Respondent decreased from 6 to 4. Avg. Burden per Response increased from 6 to 10. Total Burden increased from 3300 to 3667.  | Increased-Avg. Burden per Response increased by 4. Total Burden increased by 367.  |
| Cost  | Type of Respondent updated from RN to microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $130,482 to $214,886.  | None  |
| Title Change  | Form title changed from ‘Medication Safety Component FHIR Measure-Glycemic Control Module Hypoglycemia-IT Initial Set up’ to ‘Medication Safety-Digital Measure Reporting Plan- IT Initial Set up’. Changing the title of the form for clarity. The name change also reflects the digital measures added to the medication safety component.  | None  |
| Required Fields  | Start month and Start year are required IF a facility selects “Following” for that specific measure. | Increase 0.5 minutes |
| Optional Fields | End month and end year were required fields for Hypoglycemia. These data fields are now optional and data is collected if the dMRP is edited or the user is in the “view” screen | Decrease  |
| 57.701 Glycemic Control Module-HYPO Annual Survey  | Logo | Updated NHSN Logo on form  | None  |
| Assurance of Confidentiality statement is being updated | Statement is being updated due to a new mailing address.  | None  |
| Burden  | Avg. Burden per Response increased from 120 to 180. Total Burden increase from 20 to 30.  | Increased-Avg. Burden per Response increased by 60 minutes. Total Burden increased by 10.  |
| Cost  | Type of Respondent updated from RN to microbiologist. Hourly Wage Rate increased from $39.54 to $58.60. Total Respondent Cost increased from $791 to $1758. | None  |
| Detailed changes to the data collection.  | See document D2. Explanation for Program Changes or Adjustments 2024, for the detailed data collection changes made to this form.  | Increased Avg. Burden per Response increased by 2 minutes. Total burden increased by 380. |

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| **Other**  |
| **Form Number and Title** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| Billing Code Data: 837I Upload  | In alignment with CDC’s Data Modernization Initiative, NHSN is developing a new approach to collect surveillance data for healthcare safety with the goal to minimize reporting burden of facilities and providers. To that end, NHSN is designing and developing new fully electronic definitions for healthcare-acquired events with patient-level risk adjustment. In order to obtain the most accurate data for risk adjustment, NHSN will be collecting billing code data based on the Centers for Medicare & Medicaid Services (CMS) -1450 form (also known as Uniform Billing Form-04 [UB-04]) which is the standard format used by institutional providers to transmit health care claims electronically. Participating facilities will submit select UB-04 data elements to NHSN via csv template. | In order to allow for inter-facility comparison and national baseline of patient safety data, NHSN provides risk adjustment to the facility data. There has been a push in public health to improve risk adjustment and move from facility-level to patient-level risk adjustment. In order to best understand the patient mix within each facility, NHSN needs to collect the data found within the electronic UB-04 forms which contains the condition and procedure codes associated with the admission, which can be used to identify comorbidities and other risk factors. The data contained in the UB-04 forms are produced by each facility for billing purposes and already exists within their billing system. These forms are required to be sent to CMS and other insurance providers for reimbursement of services provided to their beneficiaries; therefore, the reporting burden will be relatively low to submit these data to NHSN. The data will be sent to NHSN on a quarterly basis, so files will need to be uploaded or transmitted four times per year. Billing data from the UB-04 forms – Quarterly upload of data elements listed on the Billing Code Data CSV Template. | None  |
| Cost  | Total Respondent Cost increased from $72,477 to $85,326. | None  |
| 57.801 External Validation Summary Report | NHSN will be collecting data via REDCap from Public Health Jurisdictions (e.g. state and local health departments) about their external validation projects. NHSN partners with public health jurisdictions to conduct external validation of data reported to NHSN by facilities. Jurisdictions will complete the REDCap form when they complete a validation period to report back to NHSN information such as sampling methodology, HAI being validated, and the number of facilities refusing to participate. They will fill out a form for each external validation project they complete (typically 1-2 per year).   | NHSN needs to work with public health jurisdictions in order to perform external validation of the data reported to NHSN to ensure that NHSN receives accurate and complete data. The jurisdictions are provided with toolkits that provide instructions on how to perform external validation, including sample creation, data collection and report creation. In order for NHSN to be able to track the external validation that has been completed and to collect information about the validation process (for example, if facility selection methods were adhered to), NHSN needs to survey the jurisdictions. The data will be used to inform updates to the toolkits, identify areas of needed education for facilities, and provide details to jurisdictions about how much time and resources they will need to complete validation projects in the future.   | Increased  |
| 57.802 Bed Capacity  | This is a new measure aimed at collecting the number of occupied and unoccupied beds in acute care, inpatient psychiatric, and inpatient rehabilitation hospitals. Bed types collected include: Adult, Pediatric, Specialty, Emergency Department, Surge Beds, and Additional Beds. Data submission can be automated to relieve burden via a Java Script Object Notation (JSON format) files or data can be submitted manually to NHSN  | With the COVID-19 pandemic demonstrated a gap in the healthcare system and patient safety. CDC has since introduced the Data Modernization Initiative which is focused on public health readiness and response while upgrading existing systems to better reflect health burden. The NHSN has focused on upgrading systems to show capabilities, capacity, and hospitalizations. Through the creation of a system that collects hospital bed data participating jurisdictions will have the opportunity to utilize this impactful information during emergency events with minimal burden on hospital workers as the system can update automatically. Data can be submitted to NHSN every 3 hours providing state health departments, federal agencies, and other affiliated organizations current information on facilities. CDC’s use of this data has piqued interest from other federal agencies such as FEMA and ASPR for its potential role in increasing national readiness.   | Increased  |
| 57.803 All Hazards  | To date there has been a limited unified, all-hazards understanding of healthcare facility status, capacity, resources, and capabilities during emergencies. Collection of these data are in effort to develop a national all-hazards standardized set of Essential Elements of Information (EEIs) data that drive action for all-hazards emergency preparedness and response. | These data will be voluntarily collected from any facility enrolled in NHSN impacted by an emergency event when its operational status changes. These data are expected to provide a standardized lens into healthcare situational awareness, specifically thereadiness of, stress on, and resources available in healthcare facilities before and during emergencies (including infectious epidemics, all-hazard incidents, etc.). During response incidents, immediate patient care needs, power outages, and competing priorities can be significant challenges in maintaining shared situational awareness. Stakeholders of the healthcare readiness community such as jurisdictions, federal agencies, hospital associations, hospitals, medical operations coordination centers, and more are expected to use these data for preparedness planning, response efforts, and decision-making needs.  | Increased  |

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| **New Data Collection Forms**  |
| **Form Number and Title** | **NHSN Component** | **Type of Change** | **Itemized Changes / Justification** | **Impact to Burden** |
| 57.102 NHSN Help Desk Customer Satisfaction Survey | NHSN  | New data collection form.  | See above sections for details. | See above sections for details. |
| 57.130 Pathogens of High Consequence | Patient Safety  | New Data Collection  | See above sections for details.  | See above sections for details. |
| 57.132 Patient Safety Component Digital Measure Reporting Plan (HOB, HT-CDI, VTE, Adult Sepsis, RPS, NVAP) | Patient Safety  | Adult Sepsis and Non-Ventilator Associated Pneumonia (NV-HAP) measures are being added as new FHIR measures collected under form 57.132.  | See above sections for details.  | See above sections for details. |
| 57.133 Patient Safety Attestation | Patient Safety  | New Data Collection  | See above sections for details.  | See above sections for details. |
| 57.215 Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel | Healthcare Personal Safety  | Data has been collected on this form since the 2012-2013 influenza season, the form was overlooked and is now being submitted for OMB approval | See above sections for details. | See above sections for details. |
| 57.700 Medication Safety-Digital Measure Reporting Plan (HYPO, HAKI, ORAE) | Medication Safety  | Hospital-onset Acute Kidney Injury (HAKI), and Opioid-related Adverse Events (ORAE) measures are being added as new FHIR measures collected under form 57.700.  | See above sections for details. | See above sections for details. |
| 57.801 External Validation Summary Report | NHSN  | New data collection form.  | See above sections for details. | See above sections for details. |
| 57.802 Bed Capacity  | NHSN  | New data collection form.  | See above sections for details. | See above sections for details. |
| 57.803 All Hazards  | NHSN | New data collection form.  | See above sections for details. | See above sections for details. |