Performance Measures: Detailed Guidance

Details for each performance measure are described in the tables below, categorized by project area:

- **Response and Prevention** (associated awards: G1, CARES/EDEX, SHARP, NH Strike Teams)
- **Antibiotic Stewardship** (associated awards: G1, SHARP)
- **NHSN** (associated award: SHARP)
- **Project Firstline** (associated awards: Project Firstline, SHARP)

For each measure, the following information is provided:

- **Measure:** the language of the measure itself, and indication, where relevant, if it is new.
- **Applicable Recipients**: which recipients are responsible for reporting on this measure (e.g., all recipients, or a subset, with associated criteria to be met for reporting on the measure).
- **Rationale**: a brief explanation of why the measure is important (e.g., what aspect of the Project's strategies or outcomes does it reflect, and why is that important to understand).
- **Data Elements**: the specific data to be collected and reported for the measure. This can be the data points used to calculate the measures (e.g., numerator and denominator for a proportion), as well as any additional contextual data that are needed to complement the measure itself.
- **Additional Guidance**: any terms that may need definition, any explanations for how to calculate the measure, etc. The reporting mechanism (e.g., REDCap project) is included here if available.
- **Target (if applicable)**: an associated target, if any.
- **Recommended Data Source**: required or potential data sources for the data/information requested.
- **Reporting Frequency:** how frequently the measure should be reported (e.g., once or twice per year). Upcoming reporting deadlines have been included where available.

Response and Prevention

Associated awards for Response and Prevention activities: G1, CARES/EDEX, SHARP, NH Strike Teams

HARP PM1: Number of clinical laboratories engaged to improve testing

Associated awards for PM1: G1

Applicable Recipients	All G1 recipients
Rationale	Clinical laboratories are the frontlines for detecting novel or high-concern resistance. It is critical that clinical laboratories use appropriate testing methods (e.g., use the correct breakpoints) to improve detection of targeted organisms, case reporting, and response, and that they submit relevant isolates to AR Lab Network laboratories for testing. The HAI/AR program plays an important role in supporting AR Lab Network laboratories by helping to connect them with clinical laboratories who may need additional support on testing methodologies or isolate submission.
Data Elements	1. Number of clinical laboratories in your health department's jurisdiction 2. Number of clinical laboratories that your HAI/AR program engaged to submit clinical isolates for testing at the public health laboratory during the budget period.
Additional Guidance	Clinical laboratories include any clinical, reference, or commercial laboratories in or serving the jurisdiction. Recipient engagement of clinical laboratories includes the provision of technical support and/or consultation that facilitates the connection of the clinical laboratories to your AR Lab Network public health laboratory or regional laboratory for additional support. If exact numbers are not known, provide an approximate number for either or both data elements. Please refer to the "Detailed HAI/AR Performance Measures REDCap User Guide". The user guide is shared with the HAI/AR Program staff by CDC's Field Support Team.
Target	N/A
Recommended Data Source	Data should be compiled by the Recipient while conducting the activity. Data can be stored any format that is available to the Recipient.
Reporting Frequency	Once per year: - August 31, 2023 (end of year, August 1, 2022 – July 31, 2023) Report via REDCap HAI/AR Response & Prevention Performance Measures Project

HARP PM2: Novel or Targeted Multi-drug Resistant Organisms (nMDRO) responses: Characteristics of responses to novel or target MDROs in the jurisdiction conducted by the recipient or a designee

Associated awards for PM2: G1, SHARP, NH Strike Teams

Applicable Recipients	All recipients
Rationale	Rapid and intensive response is critical to the successful containment of targeted novel or high-concern antibiotic resistant organisms in healthcare settings. Understanding the pathogens, resistance mechanisms, and settings affected by each response, as well as how recipients implement the containment strategy to address resistant organisms helps to track the recipient's role in these efforts and provides CDC information on how to best provide guidance in implementing the containment strategy.

Data Elements	For the purposes of PM reporting, response activities are categorized as nMDRO investigation and nMDRO consultation, in a manner that reflects the levels or types of technical assistance provided. For nMDRO consultations that took place during the reporting period, report:
	1. Organism/mechanism that triggered the response
	2. Setting type(s) affected
	3. Facility zip code
	4. Funding for the staff contributing to the activity
	5. Public health program that provided assistance
	
	For nMDRO investigations the following data elements are required:
	1. Local outbreak/response ID (optional)
	2. Response start date
	3. Assessment and screening activities performed
	4. Whether the response is new or continuing
	5. Reporting period(s) during which the health department engaged in activities related to the response
	6. Trigger for initiating the response
	    a. REDCap ID of Point Prevalence Survey, if applicable
	7. Whether the response was triggered by more than one targeted MDRO
	8. Organism(s)/mechanism(s) that triggered the response and whether it was a mixed outbreak involving SARS-CoV-2 and an nMDRO
	9. Setting type(s) involved in the response
	    a. Zip code of the primary outbreak facility
	    b. NHSN ID of the primary outbreak facility
	    c. Whether any of the facilities are tribally owned or part of the Indian Health Service
	10. Colonization screening and onsite assessments for each setting type involved in the response (based on selection in Q9)
	    a. Number of facilities
	    b. Number of screening tests performed for targeted MDROs
	    c. Number of screening tests positive for targeted mechanism(s)/organism(s)
	    d. Number of onsite infection control assessments conducted
	    e. Number and method of remote infection control assessments conducted

	11. Total number of patients with target mechanism(s)/organism(s) identified during the response
	    a. Number of patients identified for each targeted MDRO
	    b. Age group(s) in which colonization or infection was identified
	    c. Groups in which colonization or infection was identified (e.g., direct/indirect care personnel, visitors)
	        i. Type of care provider(s), personnel, and visitors if applicable
	12. Whether transmission within the healthcare facility or facilities was suspected
	13. Number of patients with other (i.e., non-targeted) MDROs identified during the investigation
	14. Whether any of the isolates identified in the response were pan-non-susceptible
	15. Public health programs (e.g., local health departments, state health department program, regional AR Labs) that contributed to the response
	16. Other states involved in the response
	17. Whether other jurisdictions were involved in the response
	18. Notification type(s)
	    a. Number of patients notified
	19. State lab specimen ID of index case
	20. Date of specimen collection of index case
	21. Date target mechanism (for CPOs) or organism (for C. auris) was identified
	22. Whether any staff contributing to this activity were partially or fully funded through the following: G1, EDEX/CARES, SHARP, NH Strike Teams, and/or Project Firstline

Additional Guidance	Starting January 1, 2022, PM2 has been restructured to align reporting across G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities. These changes are intended to align reporting requirements. This measure should include responses conducted by the recipient or designee, including personnel employed by or contracted by the recipient at the state, regional, or local levels. Recipients should work with designees to ensure that all responses are submitted without duplication. Refer to CDC's Interim Guidance for a Health Response to Contain Novel or Targeted MDROs (https://www.cdc.gov/hai/containment/guidelines.html) for guidance on how to assign organisms and resistance mechanisms to response tiers based on jurisdiction's epidemiology. Please refer to the **ELC HAI/AR Response & Prevention Performance Measures Reporting Guide** for more information. Report via REDCap (HAI/AR Response & Prevention Performance Measures Project).
Target (if applicable)	N/A
Recommended	Data should be compiled by the recipient while conducting the activity. Data can

Data Source	be stored any format that is available to the recipient. CDC has provided an Excel-based tool that can be used and modified by recipients to enable data collection from multiple individuals and bulk data entry into REDCap. See "HARP Bulk Upload Processing" in the HAI/AR Response & Prevention Performance Measures project.
Reporting Frequency	Twice per year. Upcoming reporting deadlines: - August 31, 2023: Cumulative for the period August 1, 2022 – July 31, 2023* - January 31, 2024: For the period August 1, 2023 – December 31, 2023 * Note: New data elements for the SHARP Supplement should be reported for any **nMDRO responses** beginning on or after January 1, 2022

HARP PM3 and PM3b: HAI (non-nMDRO) and COVID-19 responses: Characteristics of other HAI/AR responses in the jurisdiction conducted by the recipient or a designee (exclusive of responses reported in PM2).

Associated awards for HARP PM3: G1, SHARP, NH Strike Teams, CARES/EDEX

Applicable Recipients	All recipients
Rationale	The recipient plays a critical role in responding to possible outbreaks or other HAI/AR issues. Understanding the types of responses implemented, by pathogen, event type, and facility type, allows CDC and the recipients to track issues and settings requiring the greatest public health support.

Data Elements	For the purposes of PM reporting, response activities are categorized as HAI investigation and HAI consultation, in a manner that reflects the levels or types of technical assistance provided. HAI responses do not include nMDRO response activities. For HAI consultations that took place during the reporting period, report:
	1. Primary organism
	2. Setting type(s) affected
	3. Facility zip code
	4. Funding for the staff contributing to the activity
	5. Public health program that provided assistance
	
	For HAI investigation that took place during the reporting period, excluding containment responses (PM2) report following data elements:
	1. Local outbreak/response ID
	2. Response start date
	3. Whether health department or a designee provided onsite or remote assistance, including onsite or remote infection control assessments
	4. Whether the response is for a COVID-19 outbreak in a health care setting
	5. Whether the response is new or continuing
	6. Reporting period(s) during which the health department engaged in activities related to the response
	7. Issues involved in the response
	8. Identification of outbreak-associated patient or health care personnel colonization or infections
	    a. Number of cases
	    b. Age group(s) in which colonization or infection was identified
	    c. Groups in which colonization or infection was identified (e.g., direct/indirect care personnel, visitors)
	        i. Type of care provider(s), personnel, and visitors if applicable
	9. Infection type(s)
	10. Number of potentially exposed patients
	11. Whether transmission within a health care facility was suspected
	12. Whether an outbreak of non-COVID pathogens/infections occurred at the same time as a COVID-19 outbreak in the same unit/facility
	13. Primary organism identified
	14. Setting type(s) affected
	15a. Zip code and NHSN ID of the primary outbreak facility

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15b. Whether any of the facilities involved are tribally owned or part of the Indian Health Service

16. For each type of facility, indicate the number of facilities involved and:
   a. Whether onsite assistance, including infection control assessments, was provided
      i. Number of onsite visits that included infection control assessments
   b. Whether remote assistance, including infection control assessments, was provided
      i. Number of remote visits that included infection control assessments

17. Public health programs (e.g., local health departments, state health department program, regional AR Labs) that contributed to the response*
      i. The entity that was responsible for leading the overall HAI/AR response

18. Other states or jurisdictions involved in the response

19. Notification types performed
   a. Approximate number of patients notified

20. State lab ID of index case

21. Whether any of the staff contributing to this activity were partially or fully funded through the following: G1, EDEX/CARES, SHARP, NH Strike Teams, and/or Project Firstline

3b. COVID-19 Outbreaks Reported in Healthcare Settings (Aggregate Data)

1. Number of COVID-19 outbreaks (i.e., those that met the setting-specific CSTE/CORHA COVID-19 outbreak definition or jurisdiction-specific COVID-19 outbreak definition) by setting type:
   a. Acute Care Hospital
   b. Critical Access Hospital
   c. Inpatient Rehabilitation Facility
   d. Assisted Living Facility
   e. Long-term acute care hospital
   f. Dialysis (outpatient)
   g. Nursing home/skilled nursing facility
   h. Dental office
   i. Ventilator-capable nursing home/skilled nursing facility (vSNF)
   j. Ambulatory Surgical Center
   k. Other outpatient setting
   l. Other healthcare settings

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Additional Guidance

Starting January 1, 2022, PM3 has been restructured to align reporting across G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities (formerly submitted through E25). These changes are intended to align reporting requirements **(both data and reporting time frames).**

Starting January 1, 2022, COVID-19 responses in healthcare settings will now be reported in Updated G1 PM3. **E25 reporting has been discontinued.** For COVID-19 responses, there is only a minimum number of data elements that need to be completed; see 3b.

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	This measure should include responses conducted by the recipient or designee, including personnel employed by or contracted by the recipient at the state, regional, or local levels. Recipients should work with designees to ensure that all responses are submitted without duplication. Please refer to the **ELC HAI/AR Response & Prevention Performance Measures Reporting Guide** for more information. Report via REDCap (HAI/AR Response & Prevention Performance Measures Project).
Target (if applicable)	N/A
Recommended Data Source	Data should be compiled by the recipient while conducting the activity. Data can be stored any format that is available to the recipient. CDC has provided an Excel-based tool that can be used and modified by recipients to enable data collection from multiple individuals and bulk data entry into REDCap. See "HARP Bulk Upload Processing" in the HAI/AR Response & Prevention Performance Measures project.
Reporting Frequency	Twice per year. Upcoming reporting deadlines: - August 31, 2023: Cumulative for the period August 1, 2022 – July 31, 2023* - January 31, 2024: For the period August 1, 2023 – December 31, 2023 * Note: New data elements for the SHARP Supplement should be reported for any **HAI (non-nMDRO) and COVID-19 Responses** beginning on or after January 1, 2022.

HARP PM4: Prevention-based Infection Control Assessments and Proactive Point Prevalence Surveys (PPS): Number of prevention-based infection control assessments and proactive PPS conducted by the recipient or designee in target facilities in the jurisdiction

Associated awards for HARP PM4: G1, SHARP, NH Strike Teams, CARES/EDEX

Applicable Recipients	All recipients
Rationale	Onsite Infection control assessments are a key prevention strategy when conducted proactively to mitigate issues in long length-of-stay, high-acuity or other high-risk settings. Understanding the extent to which recipients have conducted proactive (prevention-based) infection control assessments in different settings, and why, gives a sense of which facilities are a priority in the jurisdiction. Beyond the infection control assessment, recipients should also follow up after the assessment to support facilities in implementing recommendations. As part of an MDRO prevention strategy, proactive PPS are an approach to identify and understand clusters and new introductions of concerning antimicrobial resistant (AR) pathogens. They are typically performed in facilities with characteristics that are associated with increased risk of admitting patients/residents with concerning AR and of AR transmission. In contrast to response-driven PPS, proactive PPS are performed on a regular or ad hoc basis at facilities targeted based on their characteristics, not in response to identification of a concerning AR organism.

Data Elements	Submit one form per facility per prevention-based activity including:
	1. Facility ID
	2. Setting type
	3. Facility ZIP code and NHSN ID
	4. Whether facility is tribally owned or a part of the Indian Health Service
	5. Type of prevention-based activity conducted (Infection Control Assessment, Point Prevalence Survey)
	    a. Infection Control Assessment
	        i. Type of assessment (remote/onsite)
	        ii. Number of onsite assessments conducted
	        iii. Number of remote assessments conducted
	        iv. Reason for prevention-based infection control assessment (MDRO Prevention, COVID prevention, General HAI Prevention, health equity goals)
	    b. Point Prevalence Survey
	        i. Date of PPS
	        ii. Target(s) and number of screenings performed
	        iii. Whether a public health investigation was performed as a result of the PPS/screening activity
	        iv. Containment Response ID
	6. Whether any of the staff contributing to this activity were partially or fully funded through the following: G1, EDEX/CARES, SHARP, NH Strike Teams, and/or Project Firstline

Additional	Starting January 1, 2022, PM4 has been restructured to align reporting across

Guidance	G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities (formerly submitted through E24). These changes are intended to align reporting requirements. As a result of this change, CDC is now asking that health departments submit 1 form per facility for each prevention-based activity. Follow-up visits at a facility for a particular prevention-based activity should be entered in the same form that was submitted for the original visit. Starting January 1, 2022, COVID-19 prevention-based assessments in healthcare settings will now be reported in Updated G1 PM4. **E24 reporting has been discontinued.** Proactive infection control assessments are distinct from response-driven assessments. Prevention-based infection control assessments are intended to provide feedback on infection control policies and practices before a problem is identified and require direct observation (either in person or via video) using a structured form for data collection. These typically are focused on facility types with characteristics associated with increased risk of HAI/AR threats (e.g., MDRO transmission, COVID-19 prevention, or other HAI threats). Provision of onsite assistance to assess infection control issues may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided. Proactive PPSs are colonization screenings conducted at a healthcare facility at a predetermined frequency (e.g., every four to six months) and are not triggered by identification of a case. Proactive PPSs are a way to improve surveillance and identify those who require infection control actions to prevent further transmission. These PPSs can occur prior to a facility's identification of both novel and targeted MDRO cases, may involve only a subset of patients/residents (such as a single high acuity unit), and are distinct from PPSs performed in response to a single case or suspected transmission. Please refer to the **ELC HAI/AR Response & Prevention Performance Measures Reporting Guide** for more information. Report via REDCap (HAI/AR Response & Prevention Performance Measures Project).
Target (if applicable)	N/A
Recommended Data Source	Data should be compiled by the recipient while conducting the activity. Data can be stored any format that is available to the recipient. CDC has provided an Excel-based tool that can be used and modified by recipients to enable data collection from multiple individuals and bulk data entry into REDCap. See "HARP Bulk Upload Processing" in the HAI/AR Response & Prevention Performance Measures project.
Reporting	Twice per year.

Frequency	
	Upcoming reporting deadlines: - August 31, 2023: Cumulative for the period August 1, 2022 – July 31, 2023* - January 31, 2024: For the period August 1, 2023 – December 31, 2023 * Note: New data elements for the SHARP Supplement should be reported for any activity beginning on or after January 1, 2022.

HARP PM5: Status of Required Tasks (SHARP PM I.1, I.2, Strike PM2)

Associated awards for HARP PM5: SHARP, CARES/EDEX, NH Strike Teams

Applicable Recipients	All recipients
Rationale	This measure provides an overview of required tasks for SHARP Project I and NH Strike Teams. Developing and maintaining HAI/AR expertise is critical to build capacity for prevention and response strategies described in SHARP Project I. The required roles described in SHARP Project I enhance the HAI/AR Program's ability to maintain response and prevention expertise. Characterizing SHARP Project I staffing allows CDC to understand the workforce required to meet goals. (SHARP PM I.1) Completion of MDRO prevention needs assessment tool and MDRO Prevention Workplan are required under Project 1 Strategy B. (SHARP PM I.1) Completion of landscape analysis of outpatient dialysis services locations is required under Project I Strategy D. This will provide information on where outpatient dialysis services are happening. (SHARP PM I.1) The recipient plays a key role in ensuring that HAI/AR response and prevention expertise is widely and rapidly available to provide support across the entire jurisdiction. Understanding the approaches taken (local, regional, other) and the number of staff supporting this effort allows CDC to understand the required workforce needs to meet this goal. (SHARP PM I.2) The recipient plays a key role in supporting long-term care facilities during their response to infectious disease outbreaks, including SARS-CoV-2 infections, and to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety. Success stories submitted by the recipient will be valuable in learning from the jurisdictions the approaches to support LTC and NH settings that worked well. (Strike PM2)
Data Elements	1. Staff involved in implementing SHARP Project I strategies and activities, including required roles (e.g., HAI/AR Outbreak lead, etc.) 2. Status of completion of MDRO prevention needs assessment tool and MDRO prevention workplan 3. Status of completion of landscape analysis of outpatient dialysis services location 4. Status of plans to expand HAI/AR expertise across jurisdiction: Have you met with CDC to discuss your plans for expansion of HAI/AR expertise across your jurisdiction? Deadline for completing this task is Dec 15, 2022. 5. Status of the NH Strike Teams success stories
Additional Guidance	Please refer to the **ELC HAI/AR Response & Prevention Performance Measures Reporting Guide** for more information. Report via REDCap: report staffing information (SHARP PM I.2) in the HAI/AR Program Staffing Directory; report status updates in the HAI/AR Response & Prevention Performance Measures project.

	Recipients should submit at least one NH Strike Team success story before the end of the funding period to NHStrikeTeams@cdc.gov. Additional information and guidance on developing a success story is available on the HAI/AR Programs SharePoint site.
Target (if applicable)	N/A
Recommended Data Source	CDC will provide MDRO Prevention Workplan and needs assessment templates to recipients.
Reporting Frequency	Once per year for staffing updates. Upcoming reporting deadlines: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 Note: The reporting period for staffing updates will be aligned with core G1 ELC reporting timelines. All recipients to complete: - MDRO prevention needs assessment tool within 9 months of receipt of the needs assessment tool and guide. - MDRO Prevention Workplan within 12 months of receipt of the ARP SHARP guidance using workplan template - landscape analysis of outpatient dialysis services location within 12 months of receipt of the landscape analysis template and guide. - 1 NH Strike Teams success story.

HARP PM 6 (Strike PM1): Approach and implementation plan adopted by the health department to support and sustain facility capacity to detect and respond to infectious diseases and improve patient care practices in long-term care facilities

Associated awards for Strike PM1: NH Strike Teams

Applicable Recipients	All recipients
Rationale	The recipient plays a key role in supporting long-term care facilities during their response to infectious disease outbreaks, including SARS-CoV-2 infections, and to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety. Monitoring the indicators associated with these activities will assist state, local, and territorial governments to better understand and meet the needs of these facilities, as well as help define the scope and magnitude of infectious disease outbreaks in these settings.
Data Elements	For each approach taken: 1. Type of approach (e.g., workforce expansion, IPC education, provision of PPE or testing supply, etc. list of options will be decided after input from health departments) 2. Type and number of long-term care facilities served
Additional Guidance	Based on the approach(es) adopted by the health department, standardized prompts and response options will be displayed to help in quantification of the activity output (for example number of nursing home staff trained/ benefited, number of nursing homes that received support, etc.) Please refer to the **ELC HAI/AR Response & Prevention Performance Measures Reporting Guide** for more information. Report via REDCap (HAI/AR Response & Prevention Performance Measures Project).
Target (if applicable)	N/A
Recommended Data Source	N/A
Reporting Frequency	Twice per year. Upcoming reporting deadlines: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 - January 31, 2024: For the period August 1, 2023 – December 31, 2023 * Note: The reporting period for this measure has been aligned with core G1 ELC reporting timelines. As a result, the first reporting period only covered the first 7 months. In subsequent years, the year-end submission in August will cover the full 12-month reporting period (Aug 1 – July 31).

Antibiotic Stewardship

Associated awards for Antibiotic Stewardship activities: G1, SHARP

SHARP PM III.1: Number and types of staff leading and supporting antibiotic stewardship activities

Associated awards for SHARP PM III.1: SHARP

Applicable Recipients	All recipients
Rationale	Antibiotic stewardship expertise is critical to expand local capacity to support patient populations, clinicians, facilities, and healthcare systems and payors with the implementation of antibiotic stewardship activities, particularly in settings where stewardship support inequities exist. The Antibiotic Stewardship Lead(s) is responsible for the development, implementation, and evaluation of required stewardship activities. Project funds can be used to hire, reassign, or otherwise obtain support to implement Project III activities. This measure assesses the recipient's ability to obtain and maintain local stewardship expertise.

Data Elements	1. Number of Antibiotic Stewardship Lead(s)
	2. Number of staff supporting Project III (other than the Antibiotic Stewardship Lead(s))
	3. For each staff member, including the Antibiotic Stewardship Lead(s):
	    a. Job position or role: Antibiotic Stewardship Lead/Co-Lead, AS Expert, pharmacist, physician, nurse or nurse practitioner, epidemiologist or analyst, administrative support, other (please specify)
	    b. Stewardship training, please specify (e.g., infectious diseases fellowship, stewardship course or certification, work experience)
	    c. Person-time dedicated to stewardship
	    d. Funding support: ELC G1, SHARP, other (please specify)
	       Affiliations: academic institution, healthcare system, other partner (please specify)

Additional Guidance	Report via REDCap [HAI/AR Program Staffing Directory and HAI/AR Performance Measures (SHARP Project III; Stewardship) project].
Target (if applicable)	At least one identified Antibiotic Stewardship Lead.
Recommended Data Source	N/A
Reporting Frequency	Once per year Upcoming reporting deadline: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 Note: The reporting period for this measure has been aligned with core G1 ELC reporting timelines. As a result, the first reporting period only covered the first 7 months. In subsequent years, the year-end submission in August will cover the full 12-month reporting period (Aug 1 – July 31).

SHARP PM III.2: Number of facilities the recipient or a designee engaged to facilitate implementation of antibiotic stewardship core elements and other related activities, by facility type

Associated awards for SHARP PM III.2: G1, SHARP

Applicable Recipients	All recipients
Rationale	Implementation of antibiotic stewardship activities across healthcare settings is an essential component of Project III's required activities. This measure assesses recipient's ability to identify and assist populations, clinicians, facilities, healthcare systems, and healthcare payors that require additional stewardship support with: implementing CDC Core Elements, tracking and reporting antibiotic use (AU), establishing and supporting antibiotic stewardship collaboratives, and implementing stewardship activities to improve prescribing practices in different healthcare settings.

	Note: All data elements have been restructured, to enhance data usability.
	
	For each antibiotic stewardship activity planned and/or implemented, provide the following elements:
	
	1. Title of activity
	2. Summary of activity
	3. Stage of implementation: planning, ongoing, completed, evaluation
	4. Health equity-related considerations are part of the activity (Yes/No)
	    a. If Yes, please specify: (up to 150 words)
	5. Healthcare setting
	    (Outpatient Setting, Acute Care Setting, Long-term Care Setting,
	    a. Other Setting) (e.g., telehealth, dialysis, dental)
	6. Activity category: (Assessment of Antibiotic Stewardship Implementation, Antibiotic Use Tracking & Reporting, Antibiotic Stewardship Action and Collaboration, Education & Communication)
	    a. Assessment of Antibiotic Stewardship Implementation (identify healthcare professionals or settings where improving antibiotic use and enhancing Core Elements of antibiotic stewardship uptake is needed)
	        i. Select the element(s) used to identify healthcare professional or settings (e.g., NHSN annual survey, identified on infection control assessment or health department/regulatory agency survey), high or inappropriate antibiotic prescribing, etc.)
	    b. Antibiotic Use Tracking & Reporting (monitor antibiotic prescribing. Measuring antibiotic use is critical to identify variability in antibiotic use and to assess, support and improve stewardship interventions)
	        i. Select the element(s) that are part of the activity (e.g., CMS data, HEDIS measures, AU reporting dashboard, NHSN AU option enrollment, etc.)
	    c. Antibiotic Stewardship Action and Collaboration (implement evidence-based, local-level stewardship activities with partners or in the setting of a stewardship collaborative)
	        i. Select the element(s) that are part of the activity (e.g.,

	Support collaboratives that implement stewardship activities)
	
	    d. Education and Communication (engage with healthcare professionals, patients and the public to optimize antibiotic use, and inform guidelines and policies to strengthen stewardship practice)
	
	        i. Select the element(s) that are part of the activity (e.g., USAAW activities, educational workshops, facility-specific mentorship/support, etc.)
	
	7. Number of facilities or healthcare professionals engaged
	8. Type of partner(s) engaged: healthcare system or organization, payer, academic partner, other state or local health department, multi-state collaborative, regulatory/licensing agency, local or national professional organization or association, HIINs or QIN/QIOs, other (please specify) (Check all that apply and provide brief summary of each partner role)

Additional Guidance	Data elements are based on the Core Elements of Antibiotic Stewardship and on required activities listed in the Project III guidance. This measure has been updated to ask about the specific activities implemented, based on the Core Elements, by setting. Health-equity related considerations and data elements reference those individual, community or facility-level characteristics considered to ensure the activity is focused on disparities associated with antibiotic use. Report via REDCap [HAI/AR Performance Measures (SHARP Project III; Stewardship)].
Target (if applicable)	N/A
Recommended Data Source	N/A
Reporting Frequency	Once per year. Upcoming reporting deadlines: - August 31, 2023: Cumulative for the period August 1, 2022 – July 31, 2023* * Note: New data elements for the SHARP Supplement should be reported for any antibiotic stewardship activities beginning on or after January 1, 2022

NHSN

Associated award for NHSN activities: SHARP

SHARP PM IV.1: NHSN technical assistance (TA) requests fulfilled, documented by TA category and setting

Associated awards for SHARP PM IV.1: SHARP

Applicable Recipients	All recipients
Rationale	To inform CDC of the demand for TA, types of TA requested and provided, and facility setting types requesting assistance. CDC will use this information to improve NHSN user support and NHSN helpdesk experience. TA provided to facilities will strengthen the accuracy and timeliness of data reported in NHSN, thereby leading to actionable data for infection prevention activities.

Data Elements	1. NHSN Coordination Lead
	2. Percentage of TA requests completed
	    a. Numerator: Number of completed TA requests, categorized by topic area
	    b. Denominator: Number of TA requests received, categorized by topic area
	3. Number of facilities requesting TA, categorized by setting type
	4. Facility zip code (for each facility submitting request)

Additional Guidance	CDC encourages submission of TA materials developed to be shared with other recipients in effort to identify best practices. Submit materials to NHSNDUA@cdc.gov. Report via REDCap: report NHSN Coordination Lead information (i.e., data element 1) in the HAI/AR Program Staffing Directory and the remainder of the data elements in the HAI/AR Performance Measures (SHARP Project IV; NHSN) project.
Target (if applicable)	One identified NHSN Coordination Lead
Recommended Data Source	Recipient method for tracking TA
Reporting Frequency	Once per year. Upcoming reporting deadlines: - August 31, 2023: For the period January 1, 2023 – July 31, 2023 Note: The reporting period for this measure has been aligned with core G1 ELC reporting timelines. As a result, the first reporting period only covered the first 7 months. In subsequent years, the year-end submission in August will cover the full 12-month reporting period (Aug 1 – July 31).

SHARP PM IV.2: NHSN data use agreements (DUAs) established or updated, documented by setting

Associated awards for SHARP PM IV.2: SHARP

Applicable Recipients	Recipients implementing P.IV Activity 2
Rationale	To inform CDC of DUAs between jurisdictions and healthcare facilities. Established DUAs serve as an indicator of improved data information sharing and data-driven prevention. DUAs document a jurisdiction's access to NHSN data beyond data subject to reporting mandates. CDC can improve and modify the NHSN application based on knowledge of how jurisdictions are using data they access via DUAs, and provide examples for other jurisdictions.
Data Elements	For each DUA established or updated: 1. Number of facilities included in the established or updated DUA's data access, by setting type 2. Types of organisms and/or infections covered by the DUA, by setting 3. Description of how the accessed data are being used.
Additional Guidance	NHSN DUA resources available here: Data Use Agreement (DUA) Announcement | CDC and DUA FAQs for Health Departments and Facilities | HAI | CDC Report via REDCap [HAI/AR Performance Measures (SHARP Project IV; NHSN)].
Target (if applicable)	N/A
Recommended Data Source	DUAs between jurisdiction and healthcare facilities
Reporting Frequency	Once per year. Upcoming reporting deadlines: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 Note: The reporting period for this measure has been aligned with core G1 ELC reporting timelines. As a result, the first reporting period only covered the first 7 months. In subsequent years, the year-end submission in August will cover the full 12-month reporting period (Aug 1 – July 31).

Project Firstline

Associated awards for Project Firstline activities: ELC Firstline IPC Training Supplement, SHARP

PFL PM1: Number and types of staff supporting Project Firstline

Associated awards for PFL PM1: Project Firstline, SHARP

Applicable Recipients	All recipients
Rationale	Funds can be used to hire, reassign, or otherwise obtain support to implement Project Firstline activities. This measure assesses changes in recipient capacity for delivery and promotion of IPC training by capturing the number of staff supporting Project Firstline and select characteristics of those staff. Identification of a Project Firstline lead and any partnerships to support or enhance activities further illustrates recipient capacity to implement Project Firstline. Learning about the organizations assisting Project Firstline, and their coordinated activities, will provide insight into common reasons and areas for partnership, as well as an understanding of professions or settings with greater interest and need for IPC training. Together, these learnings will help focus Project Firstline collaboration and work.

Data Elements	1. Number of staff supporting Project Firstline, by hiring mechanism (e.g., health department employee, individual contractor, or outside entity contracted)
	2. For each health department employee or individual contractor:
	    a. Percent FTE or equivalent
	    b. Job position or role (e.g., physician, epidemiologist, infection preventionist, nurse, health educator, HAI/AR coordinator, communications specialist, etc.)
	3. Identified Project Firstline lead (name, current role)
	4. Partnerships supporting Project Firstline activities (e.g., type of organization, type of partnership activities)

Additional Guidance	If an outside entity or organization is contracted to implement Project Firstline activities, then please provide a brief description of their role in supporting training activities. Details collected around partnerships will be inclusive of new and existing collaborations. Report via REDCap: report staffing information (i.e., data elements 1-3) in the HAI/AR Program Staffing Directory, and report all other information in the HAI/AR Performance Measures (SHARP Project V: Project Firstline) project.
Target (if applicable)	One identified Project Firstline Lead
Recommended Data Source	N/A
Reporting Frequency	Twice per year.

	Upcoming reporting deadlines:
	- August 31, 2023: Cumulative for the period August 1, 2022 – July 31, 2023*
	- January 31, 2024: For the period August 1, 2023 – December 31, 2023
	* Note: New data elements for the SHARP Supplement should be reported for any activity beginning on or after January 1, 2022.

PFL PM2: Number and characteristics of individuals trained, by training opportunity (funded by Project Firstline)

Associated awards for PFL PM2: Project Firstline, SHARP

Applicable Recipients	All recipients
Rationale	The goal of Project Firstline is to provide foundational healthcare infection prevention and control training to all U.S. frontline healthcare personnel (HCP) and members of the public health workforce. Recipients can support this goal by directly training HCP, or by providing training to public health staff who, in turn, may train HCP and/or support HCP on infection prevention and control issues. This measure provides insight into how well we are reaching Project Firstline's goal by capturing details about recipient training of HCP or public health staff. Reporting these data by training opportunity will provide useful information about the characteristics of individuals trained. As part of an ongoing effort to support data for decision-making, CDC seeks to understand what data are being used to inform decisions about training audience and content. Additionally, determining if the intended audience was reached helps program staff and CDC understand whether project activities are meeting identified needs.

Data Elements	For each training opportunity, provide:
	1. Date of the training event
	2. Who conducted the training
	3. Infection control topics covered in the training event
	4. Total number of participants trained
	5. Learner outcomes (e.g., participants' change in knowledge, recommendation of the training, intent to implement training information)
	6. Type of information used to identify audience and topic
	7. Whether it was a train-the-trainer or direct training to HCP
	8. Training delivery method used (e.g., live event, self-paced module, other (please specify))
	9. Number and type (e.g., healthcare personnel or public health workforce) of individuals trained (in aggregate for the training opportunity), by:
	    a. Roles participating in the training opportunity (e.g., physician, nurse practitioner, registered nurse, licensed practical nurse, physician or nursing assistant, environmental services worker, administrator, health educator, HAI/AR coordinator, therapist, etc.)
	    b. Workplace setting (e.g., acute care hospital, critical access hospital, long-term care facility, outpatient facility, state or local health department, etc.)
	    c. Whether the intended audience(s) (as understood through learning needs assessment findings and/or other data) was reached by the training opportunity. Data should be leveraged to understand and address local needs and unique experiences by role or setting.
	10. Content used in the training (e.g., Project Firstline materials, other CDC-approved content (please specify, both).

Additional Guidance	Include all Project Firstline funded trainings that the recipient or grantee

	convened, whether or not CDC was present or participated. The intended audience for the training should be determined prior to development of training materials or promotional activity. Many different sources of data can be used to determine priority populations for a training and to understand unique learning needs of priority populations (e.g., learning needs assessment, ICARs, outbreak response data, NHSN, etc.). Refer to the Project Firstline Playbook (forthcoming) for more information and/or request technical assistance from CDC. If content is developed specifically for a training, the material(s) should be previously approved through the product brief process. Report via REDCap [HAI/AR Performance Measures Project (SHARP Project V: Project Firstline)].
Target (if applicable)	N/A
Recommended Data Source	N/A
Reporting Frequency	Twice per year. Upcoming reporting deadlines: - August 31, 2023: For the period January 1, 2023 – July 31, 2023* - January 31, 2024: For the period August 1, 2023 – December 31, 2023 * Note: New data elements for the SHARP Supplement should be reported for any activity beginning on or after January 1, 2022.

PFL PM3: Types and extent of promotional activities for Project Firstline

Associated awards for PFL PM3: Project Firstline, SHARP

Applicable Recipients	All recipients
Rationale	A key activity of Project Firstline is to promote awareness and facilitate uptake of IPC training and education content provided or approved by CDC as part of the broader Project Firstline initiative. This measure is intended to capture the types of promotional activities the Recipient conducts and the extent of those activities.
Data Elements	1. Type(s) of promotional activity Recipient has engaged in for Project Firstline and the reach of each activity 2. Coordination occurring with or between local health departments on promotional activities 3. Languages used in promotional communications
Additional Guidance	Data reported in this measure is cumulative for the budget period(s); therefore, it may be helpful to keep track of each activity throughout the budget period. Doing so will make reporting easier. PFL PM3 focuses on promotion of both Project Firstline training opportunities and Project Firstline resources. SHARP V.1 focuses on efforts to increase awareness and understanding of HAI/AR threats in the community. Please report Project Firstline promotional activities in PFL PM3 and risk communication efforts in SHARP V.1. In the event that Project Firstline training opportunities or materials are promoted in direct response to a local threat (and said threat is also highlighted simultaneously), please report these efforts in both PFL PM3 and SHARP V.1. Report via REDCap [HAI/AR Performance Measures Project (SHARP Project V; Project Firstline)].
Target	N/A
Recommended Data Source	N/A
Reporting Frequency	Twice a year Upcoming reporting deadlines: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 - January 31, 2024: For the period August 1, 2023 – December 31, 2023

SHARP PM V.1: Types and extent of targeted communication activities on local HAI/AR threats (funded by Project Firstline)

Associated awards for SHARP PM V.1: Project Firstline, SHARP

Applicable Recipients	All recipients
Rationale	A key activity of Project Firstline under the SHARP guidance is to promote awareness and understanding of local HAI/AR threats to prevent further spread of infection. Awareness may be raised using a variety of communication dissemination channels to address different audiences. This measure is intended to capture the range of dissemination channels utilized and the variety of HAI/AR threat topics included in communication activities.
Data Elements	1. Type(s) of dissemination channel(s) recipient has used [e.g., partners, social media, campaigns, town halls, other (please specify)] 2. Type(s) of local HAI/AR threat(s) being communicated 3. Settings targeted with communications (e.g., acute care hospital, skilled nursing facility, etc.) 4. Key messages used in communication (e.g., how the threat spreads, who is most susceptible, etc.)
Additional Guidance	NHSN data, outbreak data or direct facility communications may help identify the local HAI/AR threat(s). PFL PM3 focuses on promotion of both Project Firstline training opportunities and Project Firstline resources. SHARP V.1 focuses on efforts to increase awareness and understanding of HAI/AR threats in the community. Please report Project Firstline promotional activities in PFL PM3 and risk communication efforts in SHARP V.1. In the event that Project Firstline training opportunities or materials are promoted in direct response to a local threat (and said threat is also highlighted simultaneously), please report these efforts in both PFL PM3 and SHARP V.1. Report via REDCap [HAI/AR Performance Measures Project (SHARP Project V: Project Firstline)].
Target (if applicable)	N/A
Recommended Data Source	N/A
Reporting Frequency	Twice per year. Upcoming reporting deadlines: - August 31, 2023: For the period August 1, 2022 – July 31, 2023 - January 31, 2024: For the period August 1, 2023 – December 31, 2023

HAI/AR Program Staffing Directory

Associated awards for HAI/AR Program Staffing Directory: G1, CARES/EDEX, SHARP, NH Strike Teams

HARP PM5: Status of Required Tasks (SHARP PM I.1, I.2, Strike PM2)

See the detailed table for this measure under Response and Prevention. (Ctrl + Click to jump to the detailed table for this measure within the document.)

SHARP PM III.1: Number and types of staff leading and supporting antibiotic stewardship activities

See the detailed table for this measure under Antibiotic Stewardship. (Ctrl + Click to jump to the detailed table for this measure within the document.)

SHARP PM IV.1: NHSN technical assistance (TA) requests fulfilled, documented by TA category and setting

See the detailed table for this measure under NHSN. (Ctrl + Click to jump to the detailed table for this measure within the document.)

PFL PM1: Number and types of staff supporting Project Firstline

See the detailed table for this measure under Project Firstline. (Ctrl + Click to jump to the detailed table for this measure within the document.)