



National Healthcare Safety Network (NHSN)

FY2025 Request: \$60 Million - National Center for Emerging and Zoonotic Infectious Diseases, CDC

History of NHSN Funding (Budget Authority)

<i>Time Period</i>	<i>Funding Level</i>	<i>Participating Facilities</i>
FY 2004 – FY 2008	\$3M	500 participating hospitals in 2005; pilot program, no dedicated budget line
FY 2009	\$10M	*Start of modern NHSN program*
FY 2010 – FY 2013	\$15M	3,244 facilities in 2010; CDC budget structure change in 2014
FY 2014 – FY 2015	\$18M	17,350 facilities in 2015
FY 2016 – FY 2022	\$21M	22,000 facilities in 2019; 37,000 facilities in 2022
FY 2023	\$24M	38,000 facilities in 2023
FY 2024	TBD	
<i>One-time investments</i>		
FY 2020	\$11M	COVID-19 emergency supplemental
FY 2023 – FY 2026	\$150M	American Rescue Plan; Authorized between FY 2023 through FY 2026 only

Funding Request

The NHSN requires **\$60 million in annual appropriations** to sustain the critical modernization initiative currently taking place. Modernization of the NHSN is made possible through one-time investments from COVID-19 emergency supplemental funds and the American Rescue Plan. These investments together **expand capacity for nursing home data reporting** and will enable an **automated process for data collection and surveillance** across the healthcare spectrum by the end of FY 2026. To sustain a fully modernized NHSN beyond FY 2026, annual appropriations must be increased to \$60 million.

What is NHSN?

- NHSN is our nation's tracking and response system for healthcare-associated infections (HAIs) and multi-drug resistant organisms (MDROs) on a facility, state, federal level.
- NHSN currently supports 38,000 facilities and an average of 1,500 users at any given time, and an average of 400 help desk tickets daily.
- NHSN is the most comprehensive and established system to capture and analyze data that informs healthcare facility quality improvement interventions, mitigation strategies, and outbreak responses to HAIs.
- NHSN can identify preventable HAI problems occurring within individual healthcare facilities and benchmark progress on those facilities' infection prevention efforts.

How is NHSN data used?

- Healthcare facilities report certain data elements that are transmitted to the NHSN where it is validated, analyzed, and aggregated before being shared with reporting healthcare facilities, state and local public health departments, the Centers for Medicare & Medicaid Services (CMS).
- NHSN is used by federal, state, local, and healthcare facility emergency response data-driven decision making to stop the spread of HAIs and MDROs.

- NHSN is a critical component of antibiotic stewardship. Antibiotic use data is collected and analyzed in order to optimize antibiotic prescribing practices to reduce the prevalence of MDROs.
- CMS uses NHSN for regulatory activities, quality reporting programs, and incentive payment programs for healthcare facilities.
- Patients can visit the Hospital Compare website where they will find facility-level HAI rates based on NHSN data.

What improvements have already been made to the NHSN?

- Automation capabilities for data reporting and collection from facilities of all types across the healthcare spectrum are being rolled out right now and will allow for faster access to data that is actionable.
- NHSN supports CMS' goal of advancing quality measurement by transitioning all quality measures used in its reporting programs to digital quality measures (dQM) and support new requirements to support Fast Healthcare Interoperability Resources (FHIR) and data standards under the ONC 21st Century Cures Act.
- Hospital bed capacity estimates are now possible and will help manage surge capacity during outbreaks.
- The Help Desk is now able to support the number of users which has expanded exponentially since the beginning of the pandemic.
- Automation will enable collection of patient demographic information which was previously not possible because of technology constraints and reporting burden on clinicians.

What are the benefits of NHSN modernization?

- NHSN modernization will enable faster, richer, real-time data collection from healthcare facilities.
- NHSN modernization will alleviate some administrative burden for healthcare personnel and will allow for more time spent attending to bedside patient care which will in turn reduce strain on ongoing workforce shortages.
- NHSN modernization will support the ability for healthcare facilities to report patient-level data across *all* reporting metrics. This will enable more accuracy of data risk adjustment leading to more informed decision making.
- NHSN modernization will support all-hazards preparedness and response efforts working in coordination with CMS and Administration for Strategic Preparedness and Response (ASPR) to collect and report on operational, logistical, and clinical situational awareness during public health emergencies.
- NHSN modernization will correspond with investments in the Antibiotic Resistance Solutions Initiative (ARSI), the Combatting Antibiotic Resistant Bacteria (CARB) 2.0 initiative, the Data Modernization Initiative all of which interface with or rely on NHSN for foundational programmatic support.

What is at risk if NHSN base-level funding is not increased?

- Disruptions in funding could impact CDC's ability to sustain NHSN operations.
- A fully modernized NHSN cannot operate from the existing FY 2023 level of \$24 million, which is only a slight increase over the FY 2022 funding line which hadn't been increased since FY 2016 when NHSN supported ~17,000 facilities.
- By FY 2026, modernized NHSN capabilities will be fully realized and automated data capture and exchange will be freely available across the healthcare spectrum. However, automated data collection and submission for HAI and antibiotic use data may not yet be the standard for *all* healthcare facilities by that timeframe, including those currently not yet reporting to NHSN.
- Failure to fund adequately fund a fully modernized NHSN could put our nation's ability to prepare for the next infectious disease public health emergency at risk.