

#### **National Healthcare Safety Network**

# **Overview of Healthcare-associated Infection (HAI) Reporting in the Long-term Care Facility Component**

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#### **Overview**

- How to Access the NHSN Application with Level 3 Security
- NHSN Facility User Rights
  - How to Modify User Rights
- Annual Facility Survey Requirements
- How to Complete the Monthly Reporting Plan for Healthcare Associated Infection (HAI) Module
- How to Add Resident Care Locations
- How to Submit the Monthly Summary Data
- Best Practice for Reporting UTI Events
- Submitting Questions to NHSN

# How to Access the NHSN Application with Level 3 Security

#### **Level 3 Access Functionality within NHSN Application**

#### Level 3 Access

Full Access to ALL Modules:

HAI Surveillance Reporting – Events HAI Summary Data Influenza Vaccination COVID-19 Reporting COVID-19 Weekly Vaccination Summary Point of Care Testing Reporting Tool

**All** NHSN Application Functionality:

Annual Facility Survey Monthly Reporting Plans Resident Care Locations (Add/Delete/Modify)

#### How to enter with Level 3 Security Access Display

#### **Step 1:** Log into SAMS at <u>http://sams.cdc.gov</u>.



### How to enter with Level 3 Security Access – cont'd

Step 2: On the SAMS Landing page select, "NHSN Reporting" located under the National Healthcare Safety Network System.

SAMS secure access managen	SAMS secure access management services					
Menu	My Applications					
SAMS Admin	CDC TRAIN					
My Profile	CDC TRAIN					
Cogout	CITI Single SignOn					
Links						
SAMS User Guide	CDC Single Point Sign On - CITI Courses					
SAMS User FAQ	National Healthcare Safety Network System					
Identity Verification Overview	NHSN Reporting *					
/	NHSN Enrollment *					



Not all facility users will see the link for "NHSN Enrollment" due to their user rights within the facility.

#### How to enter with Level 3 Security Access – cont'd

Once you select "NHSN Reporting" in step 2, you will be directed to the Level 3 NHSN Landing Page for your facility.



#### Level 3 Security Access Facility Home Page – NHSN Facility Administrator vs Facility User w/ All Rights

**Please note:** The effective rights for the NHSN Facility Administrator and Facility User with All Rights interface will look slightly different as shown below and the functionality of the application **WILL NOT** be the same.

#### **NHSN Facility Administrator**

SN Home		NHSN Long Term Care Facility Component	nt Home Page
rts			ine i nome i uge
shboard	•	Long Term Care Dashboard	
oorting Plan	•		
ident	•	Action Items	
nt	•		
nmary Data	•		
VID-19	•		N
cination Summa	ry		2
ort/Export			
veys	•		
alysis	•		
ers	•		
ility	•		
up	•		

#### NHSN Facility User with All Rights

HSN - National Healthcare Safety Networ

NHSN Home		NHSN Long Term Care Facility Component Home Page					
Alerts							
Dashboard	•	> Long Term Care Dashboard					
Reporting Plan	•						
Resident	•	Action Items					
Event	•	You have no action items.					
Summary Data	•						
COVID-19	•						
Vaccination Summary		Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would perm					
Import/Export		or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the					
Surveys	•						
Analysis	•	Get Adobe Acrobat Reader for PDF files					
Logout							

# **Facility User Rights**

#### **NHSN Facility "User Rights" Classification**

	NHSN Facility Administrator+	NHSN User with Administrative Rights	NHSN User**	Non-NHSN User
Primary Roles and Responsibilities of NHSN user roles	Responsible for overseeing or completing enrollment, set-up, data collection and management, and quality checks	Responsible for quality checks and data management. Can also support enrollment, set-up, and data collection as assigned by NHSN Facility Administrator	Surveillance, collect, and enter data into NHSN at the direction of NHSN Facility Administrator	Support NHSN reporting through event and denominator data collection



It's up to individual facilities to determine the most appropriate staff positions to serve in NHSN user roles.

Facility "User Rights" are designated by the NHSN Facility Administrator or the NHSN User with Administrative Rights.

	NHSN Facility	NHSN User with	NHSN User**	Non-NHSN
	Administrator+	Administrative Rights		User
The following are examples of staff positions that may be appropriate for different NHSN user roles++	Infection prevention and control officer (IPCO) or IPC consultant, MDS coordinator.	Other facility leaders supporting the IPC program (e.g., nursing home administrator, patient safety officer.	Other staff with responsibility for assisting in IPC activities (e.g., unit nurse, nurse	Nursing supervisor, charge nurse, nursing assistant, unit
	DON/ADON	risk manager)	managers)	secretary, etc.
Secure Access Management Services (SAMS)	X	X	X	
required				
May serve as NHSN LTCF primary contact	X	X		
Enroll a facility in the NHSN	X			
Reassign the role of NHSN Facility Administrator	X			
Add a new NHSN Component	X			
Add and deactivate NHSN locations	X	X		

	NHSN Facility	NHSN User with	NHSN User**	Non-NHSN
	Administrator+	Administrative Rights		User
The following are examples of staff positions	Infection prevention	Other facility leaders	Other staff with	Nursing
that may be appropriate for different NHSN	and control officer	supporting the IPC	responsibility for	supervisor,
user roles++	(IPCO) or IPC	program (e.g., nursing	assisting in IPC	charge nurse,
	consultant, MDS	home administrator,	activities (e.g., unit	nursing
	coordinator,	patient safety officer,	nurse, nurse	assistant, unit
	DON/ADON	risk manager)	managers)	secretary, etc.
Add and delete residents/patients	Х	X		
Add, edit, and delete facility data, including NHSN	X	X		
facility contact person				
Nominate or join NHSN Groups for data sharing	Х	X		
Enter and view NHSN data	X	X	Х	
Manually collect denominator data, which may	X	X	Х	Х
include:				
<ul> <li>number of residents/resident days</li> </ul>				
<ul> <li>number of admissions / resident admissions</li> </ul>				
<ul> <li>device days</li> </ul>				
• number of admission on <i>C. difficile</i> treatment				
<ul> <li>new antibiotic starts for UTI indication</li> </ul>				
<ul> <li>number of urine cultures ordered</li> </ul>		NY NY		
Manage NHSN user rights; add and deactivate users	X	X		

#### **Key Personnel Roles**

#### **NHSN Facility Administrator** – the person enrolling the LTCF into NHSN **NOTE: The NHSN Facility Administrator may not necessarily be the Administrator at your facility**

The **NHSN** Facility Administrator:

Manages users and user rights

Can add, edit & delete facility data (i.e., survey, map locations, etc.)

Authority to nominate groups (data sharing arrangements)

An NHSN Facility Administrator will have this role for every component

May serve multiple roles (NHSN Contact Person and NHSN User)

NOTE: Only the NHSN Facility Administrator can reassign their role to another user – consider training/designating a second person on the administrator tasks.

### **Other Key Personnel Roles**

#### **NHSN User**

- Rights are determined by NHSN Facility Administrator
  - View Data
  - Data Entry
  - Data Analysis
- May be given NHSN Administrator rights
  - This gives the new user the right to view, enter, and analyze data, but also to add locations and other users
  - One person may hold multiple roles

It is highly recommended to designate administrative rights for users to have full functionality of completing tasks on behalf of the facility.

#### Recap

- It's up to individual facilities to determine the most appropriate staff positions to serve in NHSN user roles.
- The NHSN Facility Administrator may not necessarily be the Administrator at your facility.
- Facility "User Rights" are designated by the NHSN Facility Administrator or the NHSN User with Administrative Rights.
- It is highly recommended to designate administrative rights for users to have full functionality of completing tasks on behalf of the facility.
- The NHSN Facility Administrator Reassignment can be handled online: <u>https://www.cdc.gov/nhsn/facadmin/</u>

# **Modify User Rights**

# **How to View/Modify User Rights**

Step 1: On the NHSN Home page
blue left navigation panel – select
"Users" then "Find"

IMPORTANT: Only the NHSN FacAdmin or NHSN User with admin rights can make modifications to user rights.





If the NHSN FacAdmin is no longer at the facility/or changed, the NHSN Facility Administrator Reassignment can be handled online: <u>https://www.cdc.gov/nhsn/facadmin/</u>

#### Step 2: Enter user information or

click "Find"

🍪 Find User	
Enter search criteria and click Find	
User Information	
User ID:	
First Name:	
Middle Name:	
Last Name:	
Phone Number:	
E-mail Address:	
	Find Clear Back

**Step 3:** Select the user's name you'd like to view



**Step 4:** On the "View User" page, scroll down to the bottom of the screen and select "*Edit*"



**Step 5:** On the "Edit User" page, scroll down to bottom of screen and select "*Edit Rights*"





**Step 6:** On the "Edit User Rights" page, designate user rights

e <b>p 7:</b> Click " <i>Save</i> "			User ID: ATURNER (ID Fac: Test TM303 Facility List:	3	+ /	Checl yo	k or un-check ur options	
	Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance	Long Term Care Facility	Dialysis	Outpatient Procedure	
	Administrator							
	All Rights							
	Analyze Data							
	Add, Edit, Delete							
	View Data							
	Staff/Visitor - Add, Edit, Del Staff/Visitor - View	ete						
	Customics Distan							Adv

User Rights can be customized by selecting the "Advanced" button on the screen.

To customize rights, click the "*Advanced*" button. On the "Custom Rights" page make your selections and click "*Save*"



, <b>S</b>			
User ID: .			
ong Term Care			
Individual	View	Add.Fdit.Delete	All Rights
Resident OWith Identifiers OWithout Identifiers			
Staff/Visitor OWith Identifiers OWithout Identifiers			
Event	View	Add,Edit,Delete	All Rights
All Events			
Denominator Data	View	Add,Edit,Delete	All Rights
All Summary Data			
COVID-19	View	Add,Edit,Delete	All Rights
Pathway Data Reporting			
Point of Care (POC) Reporting			
Plan	View	Add,Edit	All Rights
Long Term Care Monthly Reporting Plan			
Annual Survey	View	Add,Edit	All Rights
Long Term Care Annual Facility Survey			
Analysis			
Long Term Care Data Analysis			

# **Annual Facility Survey**

# **Annual Facility Survey**

- Complete between January 1 and March 1 every year.
- Most survey questions are based on facility characteristics and practices during the *previous* calendar year.
- Accuracy is important Recommend collecting all required information using NHSN paper form.
- Survey must be completed in one session as incomplete surveys cannot be saved.
- Survey must be submitted into the NHSN application and *should not* be sent to NHSN via e-mail.



Table of Instructions for LTCF Component Annual Facility Survey (cdc.gov)



# Administrator vs. Facility User w/All Rights – Home Page View

#### NHSN Facility Administrator or User w/ Admin Rights

#### NHSN - National Healthcare Safety Network NHSN Home NHSN Long Term Care Facility Component Home Page Alerts Dashboard Long Term Care Dashboard Reporting Plan Action Items Resident Event COMPLETE THESE ITEMS Summary Data COVID-19 Survey Required Vaccination Summary 2022 Import/Export Surveys • Analysis • Users

Facility

Group

Logout

•

•

#### Facility User w/ All Rights

NHSN - National Healthcare Safety Network

#### NHSN Home NHSN Long Term Care Facility Component Home Page Alerts Dashboard Long Term Care Dashboard **Reporting Plan** Action Items Resident Event You have no action items Summary Data COVID-19 Vaccination Summary Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the P Import/Export Add Surveys Get Adobe Acrobat Reader for PDF files Find Analysis Logout

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit ident or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public

#### **Add Annual Survey Home Page View**

Mandatory fields marked with *     Facility 10 *:         Facility Onership *:   Table Trovider ID *:      Facility Characteristics   2022   2021   2022   2021   2021   2021   2021   2021   2022   2021   20
Mandatory fields marked with *     Facility ID *      Facility Characteristics   Facility Characteristics   Facility consership *:   Certification *:   In the previous calendar year,   Average daily census *:   Total number of short-stay residents *:   Total number of ong-stay residents *:   Number of Pediatric Beds (age <21) *: Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents residents:   Strike write following primary service types are provided by your facility. On the day of this survey, indicate the number of residents residents:   Strike write following primary service types are provided by your facility. On the day of this survey, completion):   Primary Service Type   Service Provided Number of residents   a. Long-term general nursing *:   b. Long-term general nursing *:   c. Stilde aurging Short-stare following strike there (bachbilitition *:
Facility ID *: Survey Year *:   National Provider ID *: State Provider #:   2021 2021   2020 2020 <tr< th=""></tr<>
National Provider ID *: State Provider #:   Facility Characteristics   Facility Characteristics   Facility ownership *:   Certification *:    Certification *: Certification *: Certification *: Control of the previous calendar year, Average daily census *: Total number of short-stay residents *: Total number of short-stay residents *: Average length of stay for short-stay residents: Total number of long-stay residents *: Number of Pediatric Beds (age <21) *: Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (life outpice/forwards use of survey). Indicate the number of residents receiving those services (life outpice/forwards use of residents) receiving those service types are provided? Number of residents receiving those service type to service? Number of residents receiving those service types are provided? Number of residents receiving those service type to service? Number of residents receiving those service type to service? Number of residents receiving the outpice/forwards Service Provided? Number of residents to service theory induction the outpice/forwards to service theory induction theory of houtpice? Number of residents to service theory induction theory of houtpice? Service Trool and theory of theory of houtpice? Number of residents to service theory induction theory of houtpice? Number of residents to service theory induction theory of houtpice? Service Trool and theory of houtpice? Number of page to the outpice? Service Trool and theory of houtpice? Number of page to the outpice? Nu
Facility Characteristics       2021         Facility ownership *:          Affiliation *:          Affiliation *:          In the previous calendar year,          Average daily census *:          Total number of short-stay residents *:          Total number of long-stay residents *:          Total number of new admissions *:          Total number of Beds *:       Number of Pediatric Beds (age <21) *:         Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents         receiving those service (list only one service types are provided by your facility. On the day of survey completion):         Primary Service Type       Service Provided? Number of residents         a. Long-term general nursing *:          b. Long-term dementia *:          c. Stild unreine (% there the provided is chabilitation *:
Facility Characteristics       2020         Facility ownership *:       Certification *:         Affiliation *:       Certification *:         In the previous calendar year,       Average daily census *:         Average daily census *:       Average length of stay for short-stay residents:         Total number of short-stay residents *:       Average length of stay for long-stay residents:         Total number of new admissions *:       Average length of stay for long-stay residents:         Total number of new admissions *:       Number of Pediatric Beds (age <21) *:
Facility ownersing *:       Certification *:         Affiliation *:       Affiliation *:         In the previous calendar year,       Average daily census *:         In the previous calendar year,       Average length of stay for short-stay residents:         Total number of short-stay residents *:       Average length of stay for long-stay residents:         Total number of long-stay residents *:       Average length of stay for long-stay residents:         Total number of new admissions *:       Number of Pediatric Beds (age <21) *:
In the previous calendar year, Average daily census *: Total number of short-stay residents *: Total number of long-stay residents *: Total number of new admissions *: Total number of Beds *: Total number of Beds *: Number of Pediatric Beds (age <21) *: Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion): <u>Primary Service Type</u> <u>Service Provided?</u> <u>Number of residents</u> a. Long-term general nursing *: C. Skilled nursing (Short-term (subacute) censubilitation *:
In the previous calendar year, Average daily census *: Total number of short-stay residents *: Total number of long-stay residents *: Total number of new admissions *: Total number of new admissions *: Total number of Beds *: Total Number of Beds *: Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion): Primary Service Type Service Provided? Number of residents a. Long-term general nursing *: b. Long-term further (subscrite) rebabilitation *: c. Skilled nursing (bhort-term further use) rebabilitation *:
Average daily census *:   Total number of short-stay residents *:   Total number of long-stay residents *:   Average length of stay for short-stay   residents:   Total number of long-stay residents *:   Average length of stay for long-stay   Total number of new admissions *:   Total number of Beds *:   Number of Pediatric Beds (age <21) *:
Total number of short-stay residents *:       Average length of stay for short-stay residents:         Total number of long-stay residents *:       Average length of stay for short-stay residents:         Total number of new admissions *:       Average length of stay for long-stay residents:         Total number of new admissions *:       Number of Pediatric Beds (age <21) *:
Total number of long-stay residents *:       Average length of stay for long-stay         Total number of new admissions *:       Average length of stay for long-stay         Total number of new admissions *:       Number of Pediatric Beds (age <21) *:
Total number of new admissions *:       residents:         Total number of Beds *:       Number of Pediatric Beds (age <21) *:
Total number of new admissions *:
Total Number of Beds *:       Number of Pediatric Beds (age <21) *:
Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):          Primary Service Type       Service Provided?       Number of residents         a. Long-term general nursing *:
Primary Service Type Service Provided? Number of residents a. Long-term general nursing *: b. Long-term dementia *: c. Skilled nursing (Short-term (subscute) rehabilitation *: c. Skilled
a. Long-term general nursing *: b. Long-term dementia *: c. Skilled nursing (Short-term (subacute) rehabilitation *:
b. Long-term dementia *: at the bottom of page
d. Long-term psychiatric (non dementia) *:
e. Ventilator *:
f. Bariatric *:
g. Hospice/Palliative *:
h. Other *:
Total Resident Census on Survey Day: 0

# **Monthly Reporting Plan**

### **Monthly Reporting Plan**

- Informs CDC-NHSN which module(s) and events a facility is following during a given month
- A facility must enter a Plan for every month in which surveillance and data submissions will occur
  - A Plan must be in place **<u>before</u>** events can be entered into NHSN
    - ✓ LabID MDROs/CDI
    - ✓ UTI
    - Prevention Process Measures (PPM)
- Plans may be entered for up to one year in advance

#### **Access Monthly Reporting Plan – Home Page View**

D Same access/view for NHSN Facility Administrator/ User w/ Admin Rights or Facility User w/ All Rights

#### Step 1: On the NHSN Home page blue

left navigation panel – select "*Reporting Plan*" then "Add"

NHSN - Natio	nal	Healthcare Safety Network				
NHSN Home		NHSN Long Term Care Facility Component Home Page				
Alerts						
Dealtheand						
Dashboard	<u> </u>	manual and the Dashboard				
Reporting Plan	•	Add				
Resident	•	Find tems				
Event	•	You have no action items.				
Summary Data	•					
COVID-19	•					

### Access Monthly Reporting Plan – cont'd

Same access/view for NHSN Facility Administrator/ User w/ Admin Rights or Facility User w/ All Rights

**Step 2:** On the Add Monthly Reporting Plan page – select the *month* and *year* in drop down.

Step 3: Select the Modules you plan to monitor by placing a check mark in the box.
\*For LabID Event Module, you will need to "Add Row" if choosing to monitor more than one Organism Type.

Step 4: Click "Save" to confirm your options

*Tarrica	atory fields marked with * Facility ID *: Month *:	~	Select the Mor	Th and			
	Year *:	<ul> <li>Long Term Care F</li> </ul>	acility Component Modules	Followed this Month	h		
	1odule						
Î F	Locations Facility-wide Inpatient (FacWIDEIn)	v 🗌					
ahiD	Event Medule						by placing a check mark in the box.
abiD	Locations		Specific Organism Type		Lab ID Event All Spe	cimens	For LabID Event Module, you will need
TT F	Facility-wide Inpatient (FacWIDEIn)	[		$\odot$			to "Add Row" if choosing to monitor
•	Add Row Clear All Rows Copy	from Previous Mo	nth				more than one Organism Type.
Preve	ntion Process Measure Module						
	Locations	Hand Hygiene	Gown and Gloves Use				
DE F	Facility-wide Inpatient (FacWIDEIn)						

#### **Monthly Reporting Plan**



*Important Note:* If your facility is planning to bypass a month of reporting, the facility MUST select the following option on the Monthly Reporting Plan (MRP):



# **Resident Care Locations**



Important Note: Only the NHSN Facility Administrator and/or a facility user with administrator rights can add the resident care locations into the application for the facility.

Step 1: On the NHSN Home page blue
left navigation panel – select
"Facility" then "Locations"

NHSN Home		M NIHEN Long Term Care Facility Component Home Dage
Alerts		Whish Long Term Care Facility Component Home Page
Dashboard	•	Long Term Care Dashboard
Reporting Plan	•	
Resident	•	Action Items
Event	•	
Summary Data	•	
COVID-19	•	
Vaccination Summary		
Import/Export		
Surveys	•	
Analysis	•	
Users	•	ALERTO
Facility	•	Customize Forms
Group	•	Facility Info
Logout		Add/Edit Component
		Direct Enroll

#### Instructions

Locations

- To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button.
- To Find a record, click on the Find button. One of more fields can be filled in to restrict the search to those values.
- To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button.
- To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.
- · Press the Clear button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with \*

CDC Location De	scription *:			~
	Status *: Active 🗸	]		
	Bed Size:	A bed size greater than ze	ro is required for most i	npatient locations.
		Find	Add Export Lo	ocation List



#### Instructions

- To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button.
- To Find a record, click on the Find button. One of more fields can be filled in to restrict the search to those values.
- To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button.
- To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.
- · Press the Clear button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with * Your Code *: 1 SOUTH Your Label *: GENERAL	Selections are facility specific. "Your Code" & "Your Label" to best describe how units are identified in your facility.
CDC Location Description *: Long Term Care Facility General Nursing Unit	
Status *: Active 🗸	
Bed Size <b>*</b> : 29 A bed size greater than zero is requ	ired for most inpatient locations.
Find Add	Export Location List Clear

#### Locations Instructions To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button. To Find, a record, click on the Find, button. One of more fields can be filled in to restrict the search to those values. To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button. To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button. Press the Clear button to start over with a new form. Mandatory fields to "Add" or "Edit" a record marked with \* Your Code \*: 1 SOUTH Your Label \*: GENERAL Select CDC Location Description that best describes the CDC Location Description \*: Long Term Care Facility General Nursing Unit resident population in the unit. For a description of CDC Status \*: locations for LTCFs, visit the CDC Locations document Long Term Care Facility Bariatric Unit under Supporting Materials: Bed Size \*: ations. Long Term Care Facility Dementia Unit https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsde

Long Term Care Facility General Nursing Unit Long Term Care Facility Inpatient Hospice Unit

Long Term Care Facility Viptiation Unit Long Term Care Facility Skildel Nursing-Short Term Rehabilitation Unit Long Term Care Facility Ventilator Dependent Unit

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations \*(Begin on page 28)\*

#### Locations Instructions To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button. To Find, a record, click on the Find, button. One of more fields can be filled in to restrict the search to those values. To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button. To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button. Press the Clear button to start over with a new form. Mandatory fields to "Add" or "Edit" a record marked with \* Your Code \*: 1 SOUTH Your Label \*: GENERAL Select CDC Location Description that best describes the CDC Location Description \*: Long Term Care Facility General Nursing Unit resident population in the unit. For a description of CDC Status \*: locations for LTCFs, visit the CDC Locations document Long Term Care Facility Bariatric Unit under Supporting Materials: Bed Size \*: ations. Long Term Care Facility Dementia Unit https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsde

Long Term Care Facility General Nursing Unit Long Term Care Facility Inpatient Hospice Unit

Long Term Care Facility Viptiation Unit Long Term Care Facility Skildel Nursing-Short Term Rehabilitation Unit Long Term Care Facility Ventilator Dependent Unit

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations \*(Begin on page 28)\*

Cocations									
The location 'GENERAL' has been successfully added.									
Instructions         • To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button.         • To Find a record, click on the Find button. One of more fields can be filled in to restrict the search to those values.         • To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button.         • To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.         • Press the Clear button to start over with a new form.         Mandatory fields to "Add" or "Edit" a record marked with *									
Your Code *:   Your Label *:   CDC Location Description *:   Status *:   Active ~   Bed Size *:   A bed size greater than zero is required for most inpatient locations.     Find   Add   Export Location List   Clear									
Location Table									
Display All Print Location List									
Delete     Status     Your Code     Your Label     CDC Description     CDC Code	View 1 - 1 of 1 NHSN HL7 Bed Size								
Active     1SOUTH     GENERAL     Long Term Care Facility General Nursing Unit     IN:NONACUTE:LTCF:GEN	1258-3 29								
IN A Page 1 of 1 IN IN 10 V	View 1 - 1 of 1								

#### **Locations: Find**

NHSN Home		CALCULATIONS
Alerts		
Dashboard	•	
Reporting Plan	•	Instructions To Add a record fill in the form with the required fields and any desired antianal values. Then slick on the Add button.
Resident	•	<ul> <li>To Find a record, click on the Find button. One of more fields can be filled in to restrict the search to those values.</li> <li>To Find a record, click on the find button. One of more fields can be filled into restrict the search to those values.</li> </ul>
Event	•	<ul> <li>To Delete one or more records, perform a Find on the desired record (s). Check the corresponding box(es), then click on the Delete button.</li> <li>To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.</li> </ul>
Summary Data	•	Press the <i>Clear</i> button to start over with a new form.
COVID-19	•	
Vaccination Summary		Your Code *:
Import/Export		Your Label *:
Surveys	•	Status *: Active V
Analysis	•	Bed Size: A bed size greater than zero is required for most inpatient locations.
Users	•	
Facility	•	Customize Forms Find Find Add Export Location List Clear
Group	•	Facility Info
Logout		Add/Edit Component
		Locations
		Direct Enroll

#### **Locations: Delete**

ctions							
To Add an To Find an To Edit an To Delete Press the O	ecord, fill in the f record, click on th ecord, perform a one or more reco Clear button to st	orm with the required te Find button. One of Find on the desired re rds, perform a Find on tart over with a new fo	fields and any desired optional values. Then click more fields can be filled in to restrict the search t cord. Click on the desired record to fill in its value the desired record(s). Check the corresponding I rm.	on the <i>Add</i> button. o those values. es into the form and edit the values. To save the changes, click on the S pox(es), then click on the <i>Delete</i> button.	Save button.		
atory fields	to "Add" or "Edit	t" a record marked wit	h *				
		CDC Location D	four Code *: four Label *: escription *: Status *: Active v Bed Size: A bed size greater tha	n zero is required for most inpatient locations.			
y All Print	t Location List		Find	Add Export Location List Clear			
y All Print	t Location List		Find	Add Export Location List Clear Location Table		Vie	w 1 - 10 a
V All Print	t Location List Status	Your Code	Find	Add Export Location List Clear Location Table	CDCCode	Vie NHSN HL7 Code	w 1 - 10 c Bed Si
y All Print	t Location List Status Active	Your Code	Find Your Label GENERAL	Add     Export Location List     Clear       Location Table       Image: The second	CDC Code IN:NONACUTE:LTCF:GEN	Vie NHSN HL7 Code 1258-3	w 1 - 10 0 Bed S 29
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VAIL Print	Status Active Active Active Active	Your Code           1 SOUTH           100 EAST           1B           1D	Find Find Find Find Find Find Find Find	Add     Export Location List     Clear       Location Table       Image: Colspan="2">Coc Description       Long Term Care Facility General Nursing Unit       Long Term Care Facility Dementia Unit	CDCCode IN:NONACUTE:LTCF:GEN IN:NONACUTE:LTCF:BAR IN:NONACUTE:LTCF:BAR IN:NONACUTE:LTCF:DEM	Vie NHSN HL7 Code 1258-3 1255-9 1260-9 1255-9	<ul> <li>1 - 100</li> <li>Bed S</li> <li>29</li> <li>50</li> <li>5</li> <li>25</li> </ul>
VAIL Print Delete	Location List Status Active Active Active Active Active Active	Your Code           1SOUTH           100 EAST           1B           1D           2PSY	Find Find Find Find Find Find Find Find	Add     Export Location List     Clear       Location Table       14     Page 1 of 1 >> >10        10     CDC Description       Long Term Care Facility General Nursing Unit       Long Term Care Facility Damentia Unit       Long Term Care Facility Dementia Unit       Long Term Care Facility Dementia Unit       Long Term Care Facility Dementia Unit       Long Term Care Facility Period Unit       Long Term Care Facility Period Unit	CDC Code IN:NONACUTE:LTCF;GEN IN:NONACUTE:LTCF;DEM IN:NONACUTE:LTCF;BAR IN:NONACUTE:LTCF;PSY	Vie NHSN HL7 Code 1258-3 1255-9 1260-9 1255-9 1256-7	w 1 - 10 Bed 5 29 50 5 25 30
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# **Monthly Summary Data**

#### **Monthly Summary Data Participation Requirements**

- Monthly Summary Data is pre-populated in the NHSN application based on facility selections in the Monthly Reporting Plan.
- This data cannot be entered prior to the month ending in NHSN. However, events can be submitted in NHSN at any time (if there is an MRP in place for the given month).
  - For example: summary data for the month of February cannot be entered until March 1st.
- There is a checkbox that can be selected to indicate that no event has been reported for the given month.

### **Monthly Summary Data Participation Requirements**



Same access/view for NHSN Facility Administrator/User w/Admin Rights or Facility User w/All Rights

#### Step 1: On the NHSN Home page blue

left navigation panel – select "Summary Data" then "Add"



# **Monthly Summary Data Participation Requirements**

**Step 2**: On the Add Monthly Summary Data page – select the *month* and *year* in from the drop-down options.

**Step 3**: Enter the monthly counts in the required fields (\*).If no events are entered for the month, place a check mark in the box(es) for variables "Report No UTI" or "Report No Events" identified for each organism type your facility monitors.

Step 4: Click "Save" to confirm your data

lan	datory fields marked with *											
ield	Is required for record completion mark	ed with **										
en	Facility ID *: 1 Month *: Year *: ominators for Long Term Care Locatio	ns	~									
	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic S for UTI Indicat	tarts ion	Number of Urine Cultures Ordered					
ĩ	Facility-wide Inpatient (FacWIDEIn)	*	*		*		*					
1DF	RO & CDI LabID Event Reporting											
	to a obreasib creating						S	pecific Organism	п Туре			
	Location Code			MRSA	MSSA	VRE	CephR- Klebsiella	CRE-Ecoli	CRE- Enterobacter	CRE- Klebsiella	C. difficile	MDR- Acinetobacte
žm	Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: Resident Days: Number of Admission on C. diff Treatment: * Number of residents started on antibiotic treatment for C.diff:	LabID Event (All specimens) Report No Events									
revention Process Measures												
	Location Code	Performed	Indicated		Used		Indicated					
8	Facility-wide Inpatient (FacWIDEIn)	*	*		*		*					

# **UTI Reporting**

#### **Reportable UTI Events**

- Submit UTI events <u>only</u> for residents meeting the NHSN UTI event criteria.
  - Review the UTI Protocol: <u>https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf</u>
- Only residents with NHSN UTI signs or symptoms presenting > 2 calendar days after current admission (where date of admission is equal to day 1).

Example: NHSN Classification of reportable LTCF UTI Events								
Admission date								
June 4 <sup>th</sup>	June 5 <sup>th</sup>	June 6 <sup>th</sup>	June 7 <sup>th</sup>	June 8 <sup>th</sup>				
day 1	day 2	day 3	day 4	day 5				
Not a LTCF reportable UTI event LTCF reportable UTI event								

UTI Training: <a href="https://www.cdc.gov/nhsn/training/ltc/index.html">https://www.cdc.gov/nhsn/training/ltc/index.html</a>



#### **NHSN Resources**

- NHSN Set-up (required before beginning reporting)
  - NHSN LTC Setup Home Page
  - Facility Set-up 2023
- Map Resident Care Locations
  - LTC Location Mapping Guidance
  - <u>CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations</u> \*(Begin on Page 28)\*
- LTCF Training Page
  - Long-term Care Facility Component Training

#### **NHSN Resources**

- LTCF Annual Facility Survey
  - LTC Annual Facility Survey
- LTCF Monthly Reporting Plan
  - Monthly Reporting Plan
- LTCF Monthly Summary Data
  - MDRO and CDI Monthly Monitoring for LTC
- NHSN Facility Administrator Re-assignment
  - Change NHSN Facility Administrator

#### **NHSN Resources**

- NHSN LTCF Component
  - Long-term Care Facilities (LTCF) Component | NHSN | CDC
- LTCF Component UTI Module
  - Urinary Tract Infections (UTI) | LTCF | NHSN | CDC
- LTCF Component LabID Event Module
  - MDRO & CDI | LTCF | NHSN | CDC
- LTCF Component Prevention Process Measures Module
  - Prevention Process Measures (PPM) | LTCF | NHSN | CDC

# **Submitting a Question to NHSN**

#### How to Submit a Question to NHSN

Please submit questions using the new NHSN ServiceNow portal by logging into SAMS: <u>https://sams.cdc.gov</u>.

\*If you do not have SAMS access, please send questions to <u>NHSN@cdc.gov</u>.

#### When submitting a question to NHSN please include the following:

- The topic of concern in the subject line of request
  - For example: LTC: Annual Survey Issue with Submission
- Include a screenshot (if possible) showing the screen and/or error of concern.
- Offer as much detail of the issue/concern as possible

#### Thank you

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

