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NHSN Reporting Toolkit

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NHSN Tips to Reporting

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Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Informatics and
Epidemiology



Objectives

- Review state mandate.
- Advise Skilled Nursing Facilities (SNF) on methods for using the National Healthcare Safety Network (NSHN).



State Mandate

- On January 1, 2015, skilled nursing facilities (SNFs) were required to report all healthcare acquired catheter associated urinary tract infections into the National Healthcare Safety Network (NHSN) according to NAC 439.935.
- On January 1, 2016, SNFs were required to report all Clostridium difficile infections into NHSN.



State Mandate

- Beginning October 1, 2016 SNFs will be required to report all healthcare worker vaccination rates into the Healthcare Personnel Safety Module within NHSN.



State Mandate

- According to NRS 439.847 each medical facility and facility for skilled nursing which provided medical services and care to an average of 25 or more patient in the immediately preceding calendar year shall within 120 days after becoming eligible report into the National Healthcare Safety Network (NHSN).



State Mandate

- All mandatory reporters must confer rights with the state in order for their data to be viewable.
- All mandatory reporters are responsible for submitting the following monthly:
 - Reporting plans
 - Summary reports
 - Events



Training Material

- This training will provide instructions on:
 - Conferring rights
 - Adding the Healthcare Personnel Safety Module
 - Submitting reporting plans
 - Submitting summary reports
 - Submitting events
 - Adding locations and users
 - Changing administrators



Conferring Rights



Conferring Rights

- Conferring rights with the state group allows the state to view the data submitted into NHSN by each healthcare facility.
- Although a facility may enter their monthly data, if they have not conferred rights, the state cannot review their information and will be out of compliance with the state law.



Conferring Rights

- Data that is made accessible to the state is only for viewing purposes only.
- No data can be edited or deleted by the state.



Conferring Rights

- To confer rights follow the steps below:
- Log into your account and click NHSN reporting.
- Select the LTC module/component on the landing page then click submit.



- Click Group > confer rights
- Enter group ID 15183 & password NSHDj0in (the o in join is a zero) > click join group
- Click ok on the small box > click accept at the bottom of the screen.



Conferring Rights



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1:8081)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Event](#)

[Procedure](#)

[Summary Data](#)

[Import/Export](#)

[Auto CDA Sim](#)

[Analysis](#)

[Surveys](#)

[Users](#)

[Facility](#)

[Group](#)

[Confer Rights](#)

[Join](#)

[Leave](#)

[Nominate](#)

[Log Out](#)

Memberships

Groups that have access to this facility's data

Confer Rights [HELP](#)

Leave Group(s) [HELP](#)

Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

Join Group [HELP](#)

Back



Conferring Rights

- Each item with an “X” in the box will be information that the state can view.

General

	View Options
Patient	<input checked="" type="checkbox"/> With All Identifiers ⚠ <input type="checkbox"/> Without Any Identifiers <input type="checkbox"/> With Specified Identifiers <input type="checkbox"/> Gender <input type="checkbox"/> DOB <input type="checkbox"/> Ethnicity <input type="checkbox"/> Race
Monthly Reporting Plan	<input checked="" type="checkbox"/> ⚠
Data Analysis	<input checked="" type="checkbox"/> ⚠
Facility Information	<input checked="" type="checkbox"/> ⚠



Conferring Rights

- After you click accept you will see the following screen saying you have conferred.

The screenshot displays the NHSN interface. At the top left is the CDC logo. The header includes 'Department of Health and Human Services' and 'Centers for Disease Control and Prevention'. Below the header is a navigation bar with 'NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1:8081)' and links for 'NHSN Home', 'My Info', 'Contact us', 'Help', and 'Log Out'. A left sidebar contains a menu with options like 'NHSN Home', 'Reporting Plan', 'Patient', 'Event', 'Procedure', 'Summary Data', 'Import/Export', 'Auto CDA Sim', 'Analysis', 'Surveys', 'Users', 'Facility', 'Group', and 'Log Out'. The main content area is titled 'Memberships' and shows a green checkmark icon with the message: 'Conferred Rights saved successfully for group Dialysis Collaborative Example (10691)'. Below this, a section titled 'Groups that have access to this facility's data' contains a table with one entry: 'Dialysis Collaborative Example (10691)'. To the right of this entry are two buttons: 'Confer Rights' and 'Leave Group(s)', each with a 'HELP' link. At the bottom, there is a section titled 'Enter ID and Password for this facility to join a new group' with input fields for 'Group ID:' and 'Group Joining Password:', and a 'Join Group' button with a 'HELP' link.



Healthcare Personnel Safety Module



Healthcare Personnel Safety Module

- This module is used to report your healthcare worker vaccination rates October 1- March 31 annually.
- The final Flu Summary Report is due May 15th each year.



Healthcare Personnel Safety Module

- Log into your account and click NHSN reporting.
- Select the LTC module/component on the landing page then click submit.
- Click Facility > Add/Edit Component > select the box next to Healthcare Personnel Safety > Click update at the bottom of the screen.



HPS Module

 **NHSN Home**

Alerts

Reporting Plan

HCW

Lab Test

Exposure

Prophy/Treat

Flu Summary

Analysis

Surveys

Users

Facility

▶ Customize Forms

▶ Export Data

▶ Facility Info

▶ Add/Edit Component

▶ Locations

▶ Occupations

▶ Departments

▶ Supervisors

▶ Vaccinators

▶ Devices

Group

Log Out

Components Followed

Follow/ Followed	Component	Activated	Deactivated
<input type="checkbox"/>	Biovigilance		
<input type="checkbox"/>	Dialysis		
<input type="checkbox"/>	Healthcare Personnel Safety		
<input checked="" type="checkbox"/>	Long Term Care Facility	02/05/2013	
<input type="checkbox"/>	Patient Safety		





HPS Module

- Once the HPS module is added, you will be able to select this module from the landing page.
- To add your reporting plan and summary report you must select Healthcare Personnel Safety from your landing page and click submit.



HPS Reporting Plan

- Once you are in the HPS module select your facility and click submit.
- From the menu on the left side you will select reporting plan and click add.
- Select the starting month “October” and year.
- Under “**Healthcare Personnel Vaccination Module**” select Influenza Vaccination Summary and save the reporting plan.



HPS Reporting Plan

 **NHSN Home**

Alerts

Reporting Plan

- [Add](#)
- [Find](#)
- [Incomplete](#)

HCW

Lab Test

Exposure

Prophy/Treat

Flu Summary

Analysis

Surveys

Users

Facility

Group

Log Out

Logged into Pleasant Valley Hospital (ID 10312) as ISA8.
Facility Pleasant Valley Hospital (ID 10312) is following the HPS component.

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Pleasant Valley Hospital (ID 10312) ▾

Month*: October ▾

Year*: 2012 ▾

No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination Summary

Save

Back



HPS Summary Report

- October 1st- March 31st of every year a summary report will need to be completed.
- The summary report collects vaccination data on anyone who has worked at least one day in the healthcare facility.



HPS Reporting Categories

- Employee HCP: Staff on facility payroll
- Non-Employee HCP: Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)
- Non-Employee HCP: Adult students/trainees and volunteers



HPS Reporting Categories

- Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31.
- Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season.
- Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season.



- Number of HCP who have a medical contraindication to the influenza vaccine.
- Number of HCP who declined to receive the influenza vaccine.
- Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above).



HPS Summary Report

- The next slides contain screen shots of the summary reporting plan.
- Data collected on reporting forms will be entered into NHSN monthly or in April after the influenza season ends.
- Please note if you enter data monthly, you must calculate the totals from the previous and current month and enter into the summary. Failure to do so will result in incorrect data entry.



HPS Summary Report

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Fields [HELP](#)

TEST FIELD:

Comments



HPS Summary Report



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Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (apt-v-nhsn-test:8081)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

 **NHSN Home**

Reporting Plan

HCW

Lab Test

Exposure

Prophy/Treat

Flu Summary

▶ Add

▶ Find

▶ Incomplete

Analysis

Surveys

Logged into Pleasant Valley Hospital (ID 10312) as CVX9.
Facility Pleasant Valley Hospital (ID 10312) is following the HPS component.

Add Summary Data

Summary Data Type:

Continue

Back



HPS Summary Report

Add Influenza Vaccination Summary

Alerts

Reporting Plan

HCW

Lab Test

Exposure

Prophy/Treat

Flu Summary

▶ Add

▶ Find

▶ Incomplete

Analysis

Surveys

Users

Facility

Group

Tools

Log Out

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID*: 10312 (Pleasant Valley Hospital)

Vaccination type*: Influenza ▼

Influenza subtype*: Seasonal ▼

Flu Season*: 2015/2016 ▼

Locations*:
Hospital
IRF Units(s)
IPF Units(s)

Date Last Modified: _____



Influenza Vaccination Summary

View Influenza Vaccination Summary

 A record for the selected summary data element already exists.

Mandatory fields marked with *

[Print PDF Form](#)

Record the cumulative number of healthcare personnel (HCP) for each category below for the Influenza season being tracked.

Facility ID*: 10238 (Boston Vet Center)

Vaccination type*: Influenza

Influenza subtype*: Seasonal

Flu Season*: 2013/2014

Date Last Modified: 07/03/2013

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	50	10	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	35	5	20	2



Influenza Vaccination Summary

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	50	10	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	35	5	20	2
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	10	0	5	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	5	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields [HELP](#)

TEST FIELD:

Comments



Influenza Vaccination Summary

HCP categories	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/ trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	50	15	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	25	10	15	2
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	20	0	10	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	5	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0

Custom Fields [HELP](#)

TEST FIELD:

Comments



Long Term Care Module



Creating Reporting Plans

- Reporting plans must be created for every month.
- You must have a reporting plan created to report events & submit monthly summary reports.
- To create a reporting plan, log into your account and click NHSN reporting.
- Select the LTC module/component on the landing page, select your facility & click submit.



Creating Reporting Plans

- Click Reporting plan > add > start with January 2016 > under HAI Module and put a check in the UTI box.
- Under LabID Event Module select C. difficile as the specific organism type > check the LabID Event All Specimens box > Click save.
- If you do not click save you will erase the data you entered.
- Complete the same process for every month.



Monthly Reporting Plan



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Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Logged into Angela LTCF Test Facility (ID 39455) as AANTTILA.
Facility Angela LTCF Test Facility (ID 39455) is following the LTCF component.

Add Monthly Reporting Plan

[HELP](#)

Mandatory fields marked with *

Facility ID*: Angela LTCF Test Facility (ID 39455) ▼

Month*: March ▼

Year*: 2016 ▼

No Long Term Care Facility Component Modules Followed this Month

HAI Module [HELP](#)

Locations	UTI
Facility-wide Inpatient (FacWIDEIn) ▼	<input checked="" type="checkbox"/>

LabID Event Module [HELP](#)

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn) ▼	▼	<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Prevention Process Measure Module [HELP](#)

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>	<input type="checkbox"/>

Copy from Previous Month

This module is not required. Leave all fields blank.

Save

Back



Locations



Adding Locations

- Locations must be added before an event can be reported.
- Location names are created based on the type of care patients/residents receive on the units.
- When an event is reported the form will ask for the “Resident Care Location” the names in the dropdown box will reflect the locations created.



Adding Locations

- Log into your account and click NHSN reporting.
- Select the LTC module/component and your facility name on the landing page then click submit.
- Select Facility > Locations > Add.
- Carefully review the resident population for the unit because once you have selected a CDC location description to go with “Your Code” it cannot be changed.



Adding Locations

- Click on the CDC location 1st and select the type of care that matches 80% of the type of care residents/patients receive on the unit.
- **Your Code:** A name you create for the units that describes the care patients receive for the unit in your facility.
- **Your Label:** A name you create for the units in your facility that describes the care patients receive for the unit.



Adding Locations

- **CDC Location Description:** Select the name the most closely describes the care patients receive for the unit.
- **Status:** Active
- **Bed Size:** Should include the number of beds on the unit that are set-up and staffed.
- When all fields are completed click **Add**.
- Repeat the process until you have added all the locations in your facility.



Adding Locations

NHSN - National Healthcare Safety Network

Logged into Tiffany's Test Facility (ID 16388) as TIFFANYD78.
Facility Tiffany's Test Facility (ID 16388) is following the PS component.

NHSN Home
Reporting Plan
Patient
Event
Procedure
Summary Data
Import/Export
Analysis
Surveys
Users
Facility ←
 Customize Forms
 Facility Info
 Add/Edit Component
 Locations ←
 Surgeons
Group
Log Out

Locations

HELP *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 or 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.



Adding Users



Adding Users

- The NHSN facility Administrator is the only person who can add users and give the user rights to work within the different modules in NHSN.
- Log into your account and click NHSN reporting.
- Select the LTC module/component and your facility name on the landing page then click submit.



Adding Users

- To add a user click Users > Add.
- On the Add User Page create a “user ID” for the staff member. This is a letter/number combination you create, but no spaces can be used.
- Every section with a red asterisk (*) must contain the new users information, all other sections are optional.



Adding Users

- **User Active** field will always default to Yes. The only time this field will have “**No**” is if the NHSN facility administrator wishes to deactivate a user. This user will no longer be able to use NHSN until the NHSN facility administrator changes their status to **Yes**.



Adding Users

- **User Type** allows you to choose the field of work that closely matches that of the user. If the user performs multiple rolls, choose the one that best describes what that user does most of the time.
- Please ensure the **correct email address** is entered as this is the method NHSN will use to contact the new user.



Adding Users

- Once you complete the information on the **Add User** screen and click on **Save**, the next screen will say **Edit User Rights**. A user will not be able to use the system until rights have been assigned to him/her.
- The Facility Administrator may want the user to have all rights (e.g., view data, enter and edit data, and analyze data) or partial rights. Put a check in the box that reflects the rights you want the user to have.
- Once complete click **Save** at the bottom of the screen.



Adding Users

- Once a user has been added, NHSN will send them an email to begin their enrollment process.



Adding Users

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ACID-NHSN-APP2) | NHSN Home | My Info | Contact us | Help | Log Out

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as MAGGIE.
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following PS component.

Add User

Mandatory fields marked with *

User ID*: Up to 32 letters and/or numbers, no spaces or special characters

Prefix:

First Name *:

Middle Name:

Last Name *:

Title:

User Active:

User Type:

Phone Number: Extension:

Fax Number:

E-mail Address*:

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

Zip Code: Zip Code Ext.:

County:

Home Phone Number: Home Extension:

Beeper:



Summary Report



Summary Report

- Every month your facility is responsible for submitting a summary report for the previous month.
- Log into your account and click NHSN reporting.
- Select the LTC module/component and your facility name on the landing page & click submit.



Summary Report

- Every field with a red asterisk (*) must be completed before you can Save your data.
- Click **Summary Data** > select **Add**.
- Enter the month and year you are entering summary data for in the Month and Year field.



UTI Summary Report

- **Denominators for Long Term Care Locations:**
 - **Total resident-days:** The monthly sum of the total number of residents present in the facility each day of that month.
 - **Catheter-days:** are defined as the number of residents with an indwelling urinary (Foley) catheter.
 - Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day, according to the chosen location. These daily counts are summed and only the total for the month is entered into NHSN. Indwelling urinary catheter days and resident days are collected separately for each of the locations monitored.



UTI Summary Report

- **NOTE:** None of the following urinary management devices should be included when counting indwelling catheter-days: suprapubic catheters, straight in-and-out catheters or condom catheters.
- **NOTE:** If a resident is transferred to an acute care facility for a suspected UTI, no additional indwelling catheter-days are reported after the day of transfer.



UTI Summary Report

- **New antibiotic start:** refers to a new prescription for an antibiotic ordered for a resident who is suspected or diagnosed with having a urinary tract infection (both catheter-associated and not catheter associated) regardless of whether that UTI meets the NHSN event definition.



UTI Summary Report

- New Antibiotic Starts cont.
 - Count all new orders. Include only antibiotics which are started while the resident is receiving care in your facility.
 - Do not include antibiotic courses started by another healthcare facility prior to the resident's admission or readmission back to your facility.
- If you have no UTIs for the month, put a check in the box marked “**Report No UTI.**” If you do have UTI(s) for the month leave this box empty.



MDRO and CDI LabID Summary Reporting



MDRO & CDI LabID Summary Reporting

- Every field with a red asterisk (*) must be completed before you can Save your data.
 - **Resident Admissions:** Monthly total of residents admitted for the month.
 - **Resident days:** This number will auto-populate from the total entered into the denominators for LTC locations.



MDRO & CDI LabID Event Reporting

- **Number of Admissions on C. diff Treatment:** For each day of the month, count and record the number of residents who are receiving antibiotic therapy for *C. difficile* infection at the time of admission. Include both new admissions and re-admissions.
 - **LabID Events (All Specimens):** Place a check in this box under *C. difficile*.
 - **Report No Events:** Place a check in the box under *C. difficile* if you did not have any events for the month. Leave this box blank if you had event(s) for the month.



MDRO & CDI LabID Event Reporting

- Once all the data is entered, click Save at the bottom of the page to save your summary data. If you go to a new screen without clicking Save all of your data will be erased.



Summary Report

Denominators for Long Term Care Locations

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication
Facility-wide Inpatient (FacWIDEIn	990 *	0 *	<input checked="" type="checkbox"/>	0 *

MDRO & CDI LabID Event Reporting

Location Code			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn	Resident Admissions:									
	Resident Days:	LabID Event (All specimens)	<input type="checkbox"/>							
	Number of Admissions on C. diff Treatment:	Report No Events	<input type="checkbox"/>							

Select the box for All Specimens with every summary report for C. difficile. Only select the bottom box if you have No C. difficile events for the month.



Urinary Tract Infection Event Reporting



UTI Event Reporting

- When an event occurs at your facility that meets the NHSN definitions it must be reported according to the state mandate.
- To report an event Log into your account and click NHSN reporting.
- Select the LTC module/component and your name on the landing page then click submit.
- Click **Event** > select **Add**.



UTI Event Reporting

- **Resident Information**

- Every field with a red asterisk (*) must be completed all other fields are optional.

- **Resident Type:**

- Short-stay: Resident has been in facility for ≤ 100 days from date of first admission to facility.
- Long-stay: Resident has been in facility for > 100 days from date of first admission to facility.



UTI Event Reporting

- **Date of First Admission to Facility:**
 - Date the resident first entered the facility. This date remains the same even if the resident leaves the facility (e.g., transfers to another facility) for short periods of time (<30 consecutive days).
 - If the resident leaves the facility and is away for > 30 consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.



UTI Event Reporting

- **Date of Current Admission to Facility:** The most recent date the resident entered the facility. If the resident enters the facility for the first time and not left, then the date current admission will be the same as the data of first admission.



UTI Event Reporting

- If the resident leaves the facility for > 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be updated to the date of return to the facility.
- If the resident has not left your facility for > 2 calendar days, then the date of current admission will not change.



UTI Event Reporting

- Event Type: UTI
- Date of Event: Enter the date when the first clinical evidence (signs or symptoms) of infection were documented or the date the specimen used to meet the infection criteria was collected, whichever comes first.



UTI Event Reporting

- Resident Care Location: Enter the location where the resident was residing on the Date of Event.
- Primary resident service type: Check the single primary service that best represents the type of care the resident is receiving on the Date of Event:
- Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.



UTI Event Reporting

- Has resident been transferred from an acute care facility in the past 3 months: Select “Yes” if the resident has been an inpatient of an acute care facility and was directly admitted to your facility in the past three months.



UTI Event Reporting

- This guide can be used to further direct completion of the UTI event reporting form.
- https://www.cdc.gov/nhsn/forms/instr/57.140-toi-uti-toi_final.pdf



CDI Event Reporting

- When reporting a *C. difficile* infection the following information will be needed:
- Patient information: Resident ID (MRN), social security number, gender, & date of birth.
- Resident type:
 - Short-stay: Resident has been in facility for ≤ 100 days from date of first admission to facility.
 - Long-stay: Resident has been in facility for > 100 days from date of first admission to facility.



CDI Event Reporting

- Event details: date specimen collected, specific organism type, specimen body site/system, etc.
- Reporting instructions can be found on the following link:

<http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.138-TOI-for-LAB-ID-EVENT.pdf>



Changing Administrators



Changing Administrators

- In the event your NHSN administrator leaves you will need to reassign this role to another person.
- A "C" level executive at the hospital to formally request in writing and sign on hospital letterhead that there is a change in the facility administrator role.
- A "C" level executive includes the following: CEO, COO, CFO, CNO, etc.



Changing Administrators

- This letter should include the name of the new administrator to be assigned, their phone number, and email address, as well as the 5-digit NHSN Facility ID, if known.
- This letter must be faxed to NHSN at 404-929-0131.
- Once they receive the letter, they will manually change the role of facility administrator to the designated person.



Forms

- UTI Event Reporting Form:
http://www.cdc.gov/nhsn/forms/57.140_uti_ltcf_blank.pdf
- Denominators for LTCF:
http://www.cdc.gov/nhsn/forms/57.142_denominator_ltcf_blank.pdf
- Annual Facility Survey:
http://www.cdc.gov/nhsn/forms/57.137_ltcfsurv_blank.pdf



Forms

- Laboratory-identified MDRO or CDI Event for LTCF:
http://www.cdc.gov/nhsn/forms/57.138_labidevent_ltcf_blank.pdf
- Denominators for LTCF LAB ID:
http://www.cdc.gov/nhsn/forms/57.142_denominatorltcf_blank.pdf



Reporting Manuals

- Healthcare Personnel Safety Component Protocol: *Healthcare Personnel Vaccination Module: Influenza Vaccination Summary*:
<http://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf>
- Laboratory-identified Multidrug-Resistant Organism (MDRO) & *Clostridium difficile* Infection (CDI) Events for Long-term Care Facilities (LTCFs):
http://www.cdc.gov/nhsn/pdfs/ltc/ltcf-labid-event-protocol_current.pdf
- Urinary Tract Infection (UTI) Event for Long-term Care Facilities:
<http://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf>
- Long-term Care Facility (LTCF) Component Protocol Updates for January 2016:
http://www.cdc.gov/nhsn/pdfs/ltc/ltcf-summary-of-changes_current.pdf



Questions

- If there are any questions regarding NHSN enrollment or use please contact Kimisha Causey at 702-486-3568 or kcausey@health.nv.gov



Thank you!

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