NHSN Assessment Form

Year of Assessment

Name of Facility

Facility License Number

Type of Facility: ○ Hospital ○ Skilled Nursing Facility ○ Medical Facility Other Than Hospital

In accordance with NRS 439.847 and R104-12, the Office of Public Health Informatics and Epidemiology needs to obtain the following information from your facility:

Did your facility provide care to an average of 25 or more in-patients per day in the immediately preceding calendar year (January 1st through December 31st)? ○ yes ○ no

If Hospital:

Provide the average daily census (in-patient days divided by 365) for your facility in the immediately preceding calendar year.

If Skilled Nursing Facility:

Provide the average daily census (Divide the sum of the daily censuses of patients by 365) for your facility in the immediately preceding calendar year.

If Medical Facility Other Than Hospital:

Provide the average daily census (total number of patients each day during the year divided by the total number of business days) for your facility in the immediately preceding calendar year.

Once this form is completed, please save and email the form to nhsn@health.nv.gov.