



National Healthcare Safety Network (NHSN)

Long-term Care Facility COVID-19 Module

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

- Secure, internet-based surveillance system managed by the Centers for Disease Control and Prevention (CDC)
- Open to a variety of healthcare facilities in the United States
- Enables healthcare facilities to collect and use a data about:
 - Healthcare-associated infections (HAIs),
 - Adherence to clinical practices known to prevent HAIs,
 - AND MORE!!!



NHSN

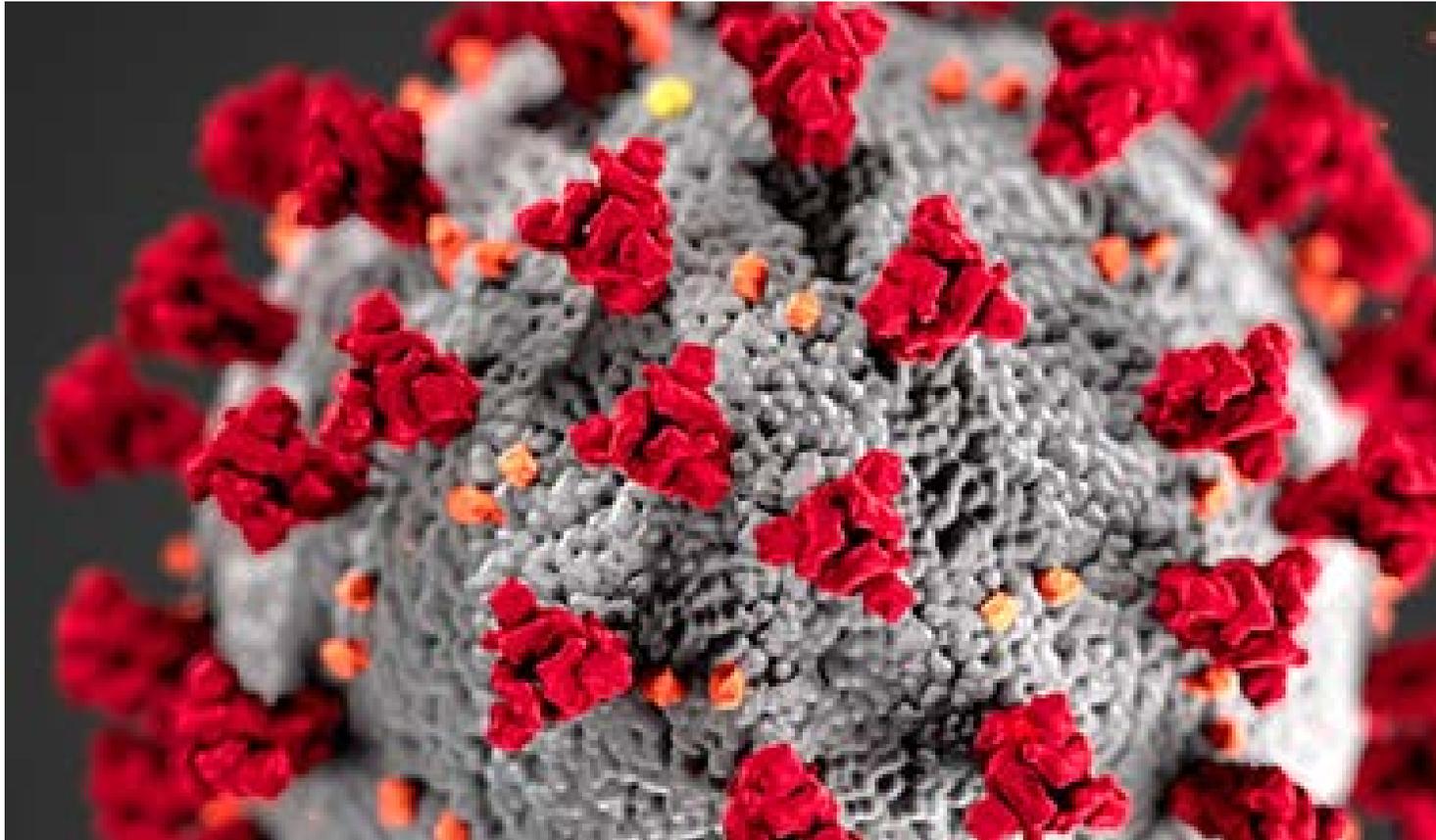
NATIONAL HEALTHCARE
SAFETY NETWORK

NHSN's Role During COVID-19 Response



- LTCF COVID-19 Module
- LTCF COVID-19 webpage
- Data to state and local health departments
- Platform for Centers for Medicare and Medicaid Services (CMS) reporting mandates
- Accessible to facilities and group users
- NHSN dashboard within application
- No resident or staff/personnel level data collected

Coming
Soon!!



COVID-19 Module for Long Term Care Facilities

Goals of the Module

- Supplement case reporting and facility capacity to understand facility and resident specific impact
- Identify resource needs and prioritize public health action

LTCF COVID-19 MODULE PARTICIPATION

Skilled Nursing Facilities (SNF) /
Nursing Homes (NH)

Assisted Living Facilities and
Residential Care

Intermediate/chronic care facilities
for the developmentally disabled

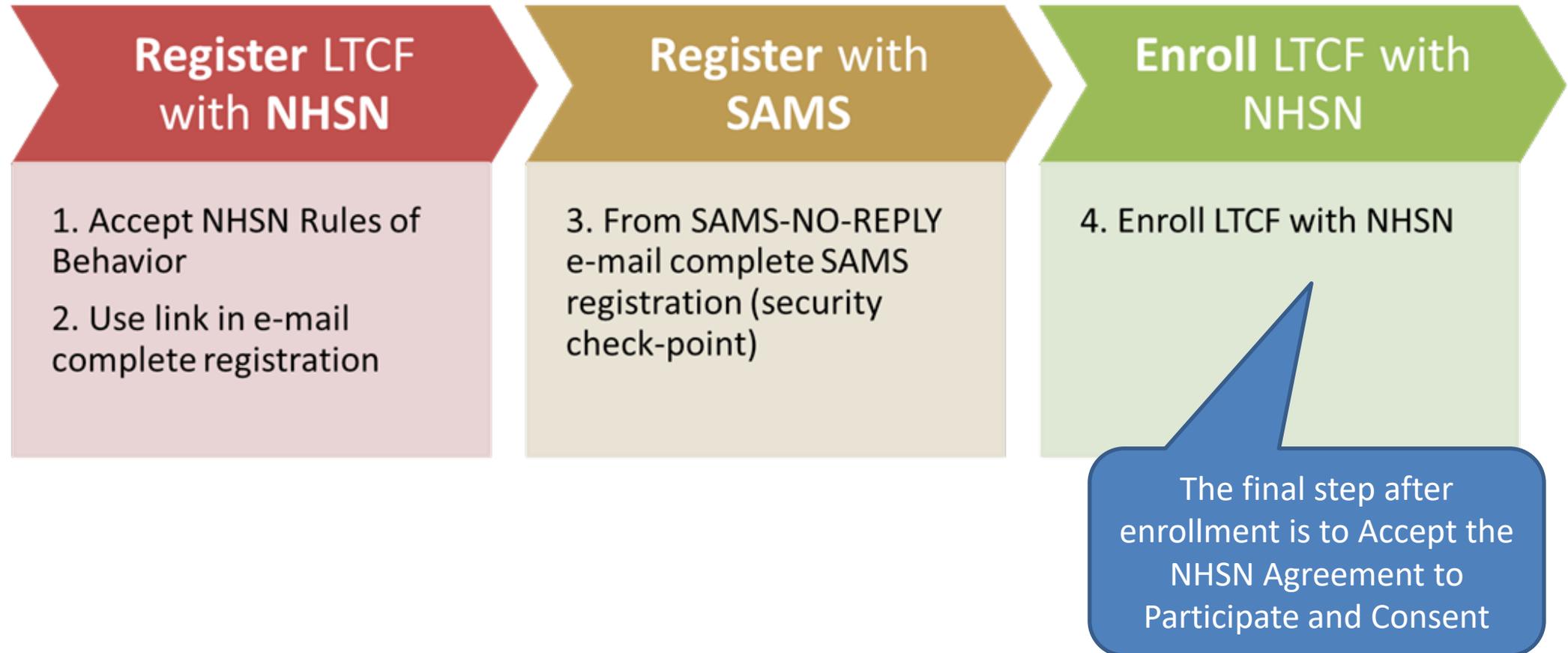


HOW TO GET STARTED

- NHSN enrollment is required
- Actively enrolled NHSN facilities have access through NHSN home page
- Non-NHSN LTCFs must complete online enrollment specifically for the LTC COVID-19 Module

Questions? E-mail nhsn@cdc.gov
include *LTCF COVID* in Subject Line

Three Primary Steps to Gaining Access to COVID-19 Module



LTCF COVID-19 Module Enrollment Steps

Step 1 – Prepare your computer to interact with NHSN

You may need to change your email and internet security settings to receive communications from NHSN during the enrollment process.

Step 2A – Register **Facility** with NHSN

The person who will serve as the NHSN Facility Administrator (usually the person enrolling the facility)

Step 2B – Register with SAMS (Security Access Management System)

After NHSN receives your completed registration, you will receive an *Invitation to Register with SAMS* via email with steps to complete the process.

Step 3 – Complete NHSN LTC Enrollment

On the SAMS homepage, click the link to the National Healthcare Safety Network labeled **NHSN LTC Enrollment** and Complete Facility Contact Information.

Step 4 – Electronically Accept the NHSN Agreement to Participate and Consent

After successfully completing enrollment, the NHSN Facility Administrator and Component Primary Contact (may be the same person) will receive an NHSN email with instructions on how to electronically accept the *NHSN Agreement to Participate and Consent*. Once accepted, enrollment is complete, and the user will gain access to NHSN's COVID-19 module.

Access the LTCF COVID-19 Webpage

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Terms used in the LTCF COVID-19 Module

Each section in the module is organized by a specific focus called
Pathway

Data Element is the response or count provided to specific questions in each pathway



Four Pathways for Reporting



Resident Impact and Facility Capacity



Staff and Personnel Impact



Supplies and Personal Protective Equipment



Ventilator Capacity and Supplies

Data elements for each Pathway include: COUNT and/or "YES" or "NO" responses

Data Elements

- Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19
- Total deaths and COVID-19 deaths among residents and staff
- Personal protective equipment and hand hygiene supplies in the facility
- Ventilator capacity and supplies in the facility
- Resident beds and census
- Access to COVID-19 testing while the resident is in the facility
- Staffing shortages

REPORTING FREQUENCY

Daily reporting:

Selected calendar date must reflect the date in which the responses are being reported in the NHSN LTCF COVID-19 Module.

Non-daily reporting:

Selected calendar date must reflect the date in which responses are being reported in the NHSN LTCF COVID-19 Module.

Counts must include only **new** counts for the specific question since the last time counts were entered in the Module.

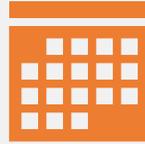
Weekly reporting:

Selected calendar date must reflect the date in which responses are being reported in the NHSN LTCF COVID-19 Module.

Include only **new** counts for the specific question since the last time counts were entered in the Module.

Report on the same day of the week every week.

Surveillance Tips



Collect and record data at the same time every day



If reporting once a week, report on the same day every week

A thumbnail image of an NHSN COVID-19 Module data collection form. The form is titled 'COVID-19 Module Long Term Care Facility Resident Impact and Facility Capacity' and includes sections for 'Reporting Facility', 'Reporting Period', and 'Reporting Date'. It contains various fields for data entry and checkboxes for reporting status.

Use a line list or NHSN data collection forms to document daily counts

Reporting Counts for the **FIRST** time in the NHSN LTCF COVID-19 Module



If this is the **first** time counts are being entered for a specific question, enter the number of **newly** identified counts for that question in this week only.

Reporting Counts in NHSN LTCF COVID-19 Module

Each time counts are entered in the module, only include the **NEWLY identified counts** for that the specific question being answered since the last time counts were entered for that specific question.

Reporting Counts prior to May 1, 2020

Optional



To submit counts that occurred **prior** to May 1, 2020, use the calendar feature to select any calendar date prior to May 1, 2020 and enter the total number of counts for each question being reported between January 1, 2020 and April 30, 2020. If these data are not available at the time of data entry, leave blank and revise counts later.

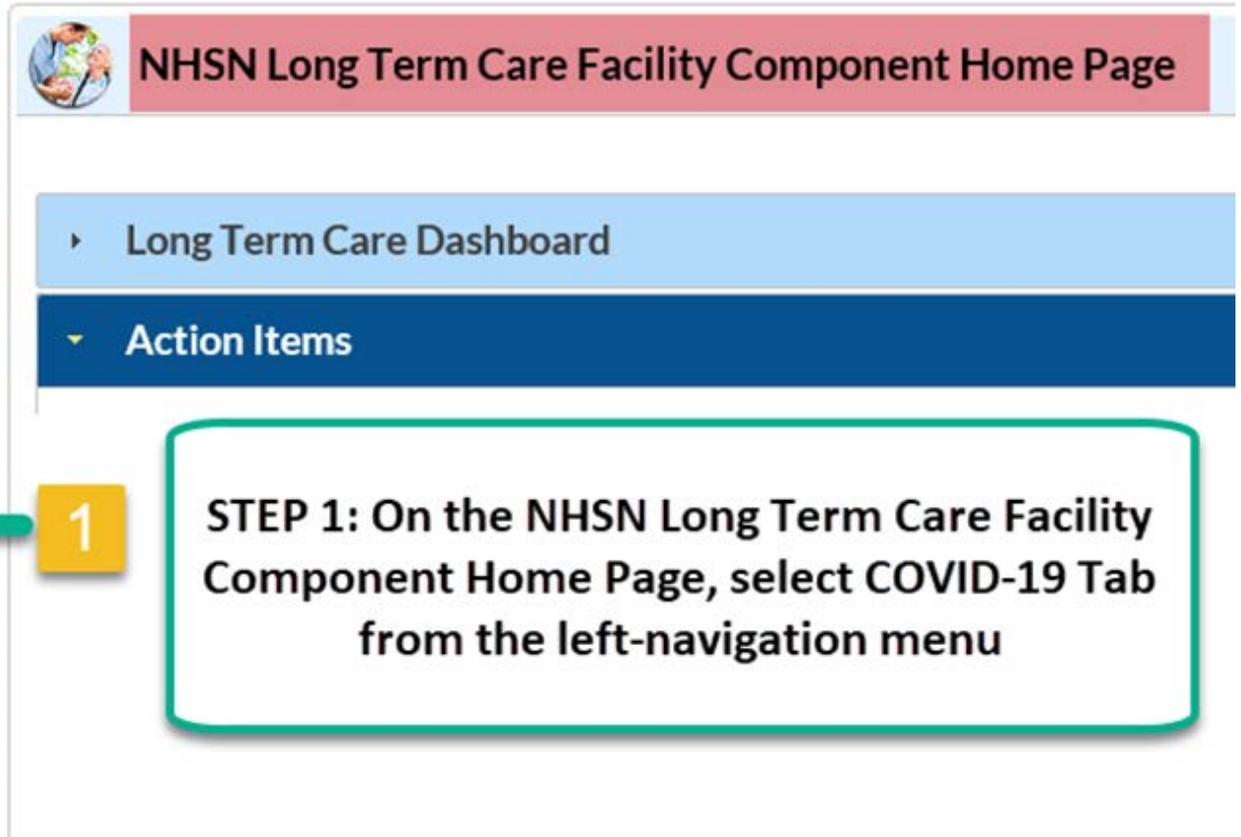


NHSN

NATIONAL HEALTHCARE
SAFETY NETWORK

**NHSN'S
LTCF COVID-19 Module**

STEP 1:
Select COVID-19
tab on the left
navigation menu of
the NHSN Home
Page.

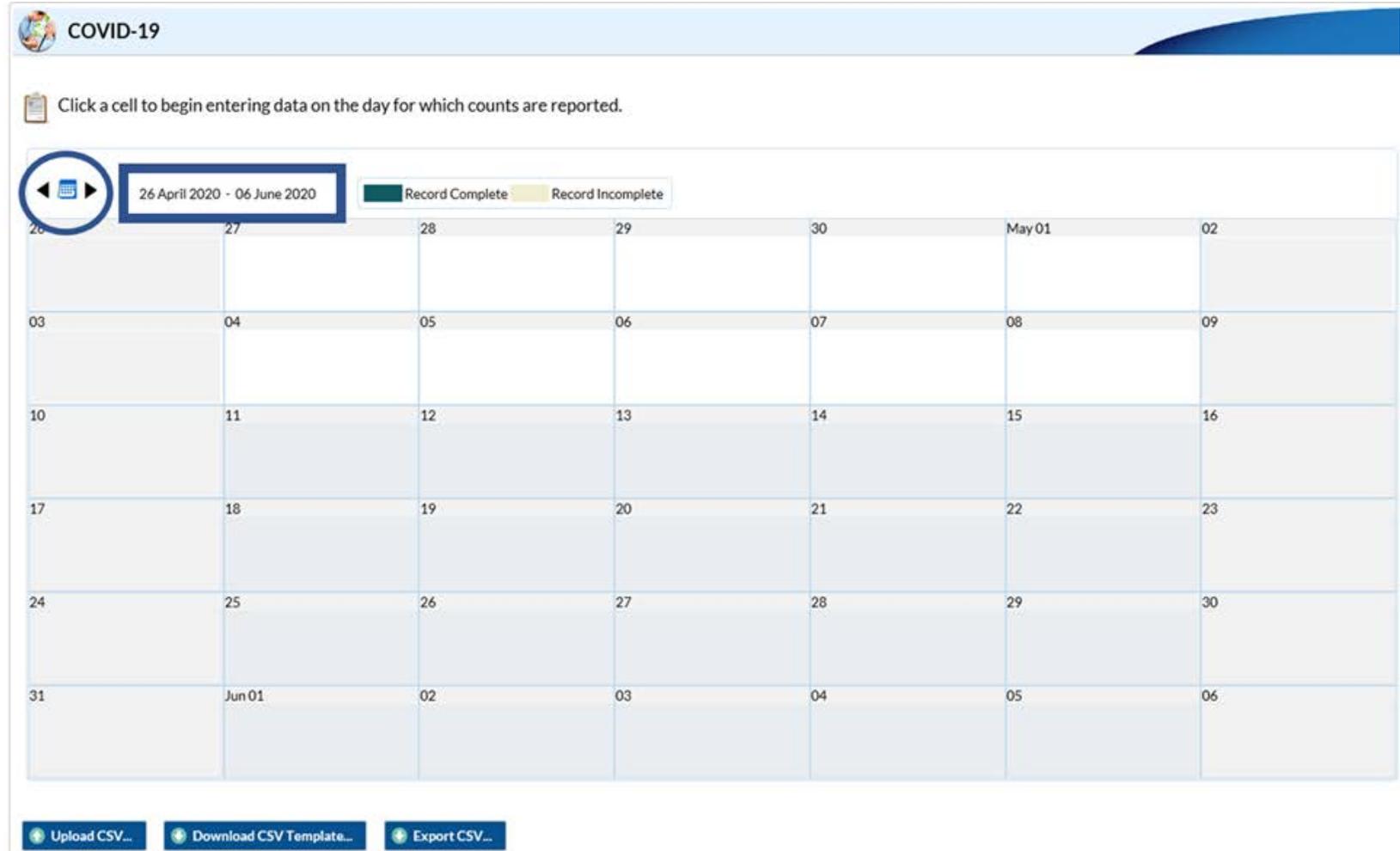


STEP 1: On the NHSN Long Term Care Facility Component Home Page, select COVID-19 Tab from the left-navigation menu

Note: The NHSN home page may look different depending on facility access to other reporting options. However, the functionality for the COVID-19 Module is the **same** for all LTCFs.

A calendar defaulting to the current month will appear.

Data may be entered retrospectively from **January 1, 2020 up to April 30, 2020** by using the calendar arrow back icon to select a date **prior to May 1, 2020**.
Optional



COVID-19

Click a cell to begin entering data on the day for which counts are reported.

26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Upload CSV... Download CSV Template... Export CSV...

INCOMPLETE VS. COMPLETE RECORDS

Each SAVED pathway will be highlighted as COMPLETE or INCOMPLETE

COVID-19

Click a cell to begin entering data on the day for which counts are reported.

29 March 2020 - 09 May 2020					
Record Complete		Record Incomplete			
29	30	31	Apr 01 Resident Supplies Ventilator	02 Resident	03 Resident
05	06	07	08	09	10

Record Complete: Pathway saved and all questions have been answered

Record Incomplete: Pathway saved with one or more unanswered questions

Import and Export Options

CSV Tabs located at bottom of calendar

The screenshot shows a web interface for COVID-19 data entry. At the top, there is a header with a globe icon and the text "COVID-19". Below the header, a message says "Click a cell to begin entering data on the day for which counts are reported." The main area is a calendar grid for the period "26 April 2020 - 06 June 2020". The calendar cells are color-coded: dark green for "Record Complete" and light yellow for "Record Incomplete". At the bottom of the calendar, there are three blue buttons with white text and green icons: "Upload CSV..." (labeled A), "Download CSV Template..." (labeled B), and "Export CSV..." (labeled C).

- A. Data upload using a CSV file
- B. Download CSV Template, which can be used to upload facility COVID-19 data.
- C. Export data in a table format using the "Export CSV"

Access the LTCF COVID-19 Webpage

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

STEP 2: Begin Manual Data Entry

Select Date

COVID-19

Click a cell to begin entering data on the day for which counts are reported.

26 April 2020 - 06 June 2020 Record Complete Record Incomplete

26	27	28	29	30	May 01
03	04	05	06	07	08
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29
31	Jun 01	02	03	04	05

[Upload CSV...](#) [Download CSV Template...](#) [Export CSV...](#)

To get started,
click on the date for questions will be answered.

Reporting Counts for the **FIRST** time in the NHSN LTCF COVID-19 Module

If this is the first time counts are being entered for a specific question, enter the number of **newly** identified counts for that question this week.

New Window will Appear with Four Pathways

Select Pathway and Enter Data

Add Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment Ventilator Capacity and Supplies

1 2 3 4

Resident Impact

<input type="checkbox"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="checkbox"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="checkbox"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="checkbox"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

<input type="checkbox"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="checkbox"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input checked="" type="checkbox"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply.
	<input checked="" type="checkbox"/> State health department lab
	<input type="checkbox"/> Private lab (hospital, corporation, academic institution)
	<input type="checkbox"/> Other

- Default view is “Resident Impact and Facility Capacity” pathway
- Users may navigate to and from each pathway during one session
- Option to SAVE or CANCEL individual pathways
- Selected date will auto-populate

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

- | | |
|----------------------|---|
| <input type="text"/> | ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19 |
| <input type="text"/> | CONFIRMED: Residents with new laboratory positive COVID-19 |
| <input type="text"/> | SUSPECTED: Residents with new suspected COVID-19 |
| <input type="text"/> | TOTAL DEATHS: Residents who have died in the facility or another location |
| <input type="text"/> | COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location |

Facility Capacity and Laboratory Testing

- | | |
|----------------------------------|--|
| <input type="text"/> | ALL BEDS (FIRST SURVEY ONLY) |
| <input type="text"/> | CURRENT CENSUS: Total number of beds that are currently occupied |
| <input type="button" value="v"/> | *TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility? |
| | If YES, what laboratory type? Select all that apply.
<input checked="" type="checkbox"/> State health department lab
<input type="checkbox"/> Private lab (hospital, corporation, academic institution)
<input type="checkbox"/> Other |

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Resident Impact and Facility Capacity Pathway

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **ADMISSIONS:** Residents *newly* admitted or readmitted to LTCF from a hospital where they were treated for suspected or laboratory positive COVID-19 since the last date *Admission* counts were entered or this week if it's the first time reporting these counts.
- **CONFIRMED:** Number of residents who have newly identified as having a laboratory-positive COVID-19 result since the last date confirmed COVID-19 counts were entered into this module or this week if it's the first time reporting these counts.
 - Count includes residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died

Resident Impact and Facility Capacity Pathway

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment Ventilator Capacity

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **SUSPECTED:** Residents newly managed as though they have COVID-19 because they have signs and symptoms suggestive of COVID-19, but do not have a laboratory positive COVID-19 test result because they have not been tested or are pending results.
 - Include all *newly* suspected residents since the last date *Suspected* resident counts were entered in the module or this week if first time reporting *Suspected* residents.
 - Count includes residents who remain in the LTCF, as well as residents who were transferred out of the facility, admitted to another facility, or died

Resident Impact and Facility Capacity Pathway

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

- **TOTAL DEATHS:** Residents who died **for any reason** in the LTCF or another location since the last date *Total Death* counts were entered or this week if first time reporting. Include both COVID-19 related deaths **AND** non-COVID-19 related deaths.
- **COVID-19 Deaths:** Number of new deaths for resident with suspected **AND** laboratory positive COVID-19 since the last date *COVID-19 Death* counts were entered or this week if first time reporting. Include residents who died in the facility or another location.

Resident Impact and Facility Capacity Pathway

Facility Capacity and Laboratory Testing	
<input type="text"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="text"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input type="checkbox"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply. <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other

- **ALL BEDS:** Enter the total number of licensed resident beds in the facility. Saved bed count will pre-populate on future dates.
- **CURRENT CENSUS:** On the date responses are being reported in the Module, enter the total number of residents that are occupying a bed in the facility.
- **TESTING:** On the date responses are being entered in the Module, does your LTCF have access COVID-19 testing that can be performed while the resident remains in the LTCF?

Resident Impact and Facility Capacity

Focuses on impact of COVID-19 on residents, facility capacity, and testing

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text" value="10"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text" value="21"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text" value="33"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text" value="9"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text" value="7"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

<input type="text" value="125"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="text" value="125"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input type="text" value="Y - Yes"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply.
	<input checked="" type="checkbox"/> State health department lab
	<input type="checkbox"/> Private lab (hospital, corporation, academic institution)
	<input type="checkbox"/> Other



Save Cancel

Save to exit Pathway reporting and return to calendar or CLICK in next tab to continue entering data

NHSN Home

Alerts

Dashboard

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

COVID-19

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout



COVID-19



Click a cell to begin entering data on the day for which counts are reported.

◀ 📅 ▶ 26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	30	May 01	02
03	04	05	07	08 Resident	09
10	11	12	13	14	15
16	17	18	19	20	21
22	23	24	25	26	27
28	29	30	31	Jun 01	02
03	04	05	06	07	08

Message
Successfully saved record.
OK



Add Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

<input type="text"/>	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
<input type="text"/>	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

Does your organization have a shortage of staff and/or personnel?

Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/>	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/>	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/>	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/>	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

Save

Cancel

Include anyone working or volunteering in the LTCF (for example, contractors, full-time, part-time, as needed/prn, temporary, resident care givers, shared staff, etc.

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Staff and Personnel Impact Pathway

Add Daily COVID-19 Data

Date for which counts are reported: 04/01/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19

SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it

COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

- **CONFIRMED:** Staff and facility personnel newly identified with a laboratory positive COVID-19 test result since the last date *Confirmed* counts were entered into the module.
- **SUSPECTED:** Staff and facility personnel being newly managed as though they have COVID-19 since the last date that *Suspected* counts were entered into the module. No positive COVID-19 lab result
- **COVID 19 DEATHS:** New deaths for staff and facility personnel with suspected or laboratory positive COVID-19 since the last date the *COVID-19 Death* count for staff and facility personnel was entered.

Staff and Personnel Impact Pathway

Does your organization have a shortage of staff and/or personnel?

Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> ▼	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> ▼	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> ▼	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/> ▼	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

Responses based on the date responses are entered in the module

Staff and Personnel Impact Pathway

Impact COVID-19 is having on staff and facility personnel, including staffing shortages.

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity **Staff and Personnel Impact** Supplies & Personal Protective Equipment Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

<input type="text" value="5"/>	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
<input type="text" value="9"/>	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
<input type="text" value="0"/>	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

Does your organization have a shortage of staff and/or personnel?

Staffing Shortage?	Staff and Personnel Groups
<input type="text" value="Y - Yes"/>	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="text" value="N - No"/>	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="text" value="Y - Yes"/>	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input checked="" type="text" value="Y - Yes"/>	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)





COVID-19



Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Message
Successfully saved record.

- Resident
- Staff



Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies and Personal Protective Equipment

or Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Supply Item	Do you currently have any supply?	Do you have enough for one week?
N95 masks	<input type="text" value="v"/>	<input type="text" value="v"/>
Surgical masks	<input type="text" value="v"/>	<input type="text" value="v"/>
Eye protection, including face shields or goggles	<input type="text" value="v"/>	<input type="text" value="v"/>
Gowns	<input type="text" value="v"/>	<input type="text" value="v"/>
Gloves	<input type="text" value="v"/>	<input type="text" value="v"/>
Alcohol-based hand sanitizer	<input type="text" value="v"/>	<input type="text" value="v"/>

Save

Cancel

Responses based on the date responses are entered in the module

ANY SUPPLY: Does the facility have any of each supply item listed?

ENOUGH FOR ONE WEEK: Does the facility have enough for ONE week of each supply item?

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Supplies and Personal Protective Equipment Pathway

Availability of Personal protective equipment and hand hygiene supplies in the facility.

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel

Supplies and Personal Protective Equipment

for Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Supply Item	Do you currently have any supply?	Do you have enough for one week?
N95 masks	N - No	N - No
Surgical masks	Y - Yes	Y - Yes
Eye protection, including face shields or goggles	N - No	N - No
Gowns	N - No	N - No
Gloves	Y - Yes	Y - Yes
Alcohol-based hand sanitizer	Y - Yes	Y - Yes

Save

Cancel



COVID-19



Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07	08 <input checked="" type="checkbox"/> Resident <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Supplies	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Message
Successfully saved record.

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies and Personal Protective Equipment

Ventilator Capacity and Supplies

Do you have ventilator dependent unit(s) and/or beds in your facility? *

If, NO, skip this form

Update

Y - Yes
N - No

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

MECHANICAL VENTILATORS: Total number available in your facility

MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or laboratory positive COVID-19

Ventilator Supplies

Supply Item

Do you currently have any supply?

Do you have enough for one week?

Ventilator supplies (any, including tubing)

Save

Cancel

Data Collection Form and Form Instructions Available

LTCF COVID-19 WEBPAGE

<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Ventilator Capacity and Supplies Pathway

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment **Ventilator Capacity and Supplies**

Do you have ventilator dependent unit(s) and/or beds in your facility? *
If, NO, skip this form

Y - Yes

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

MECHANICAL VENTILATORS: Total number available in your facility

MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or laboratory positive COVID-19

Ventilator Supplies

Supply Item	Do you currently have any supply?	Do you have enough for one week?
Ventilator supplies (any, including tubing)	<input type="text"/>	<input type="text"/>

Responses based on the date responses are entered in the module

- **MECHANICAL VENTILATORS:** Number of mechanical ventilators in the facility.
- **MECHANICAL VENTILATORS IN USE:** Number of mechanical ventilators in use for residents who have suspected or laboratory confirmed COVID-19.

Ventilator Capacity and Supplies Pathway

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity Staff and Personnel Impact Supplies and Personal Protective Equipment **Ventilator Capacity and Supplies**

Do you have ventilator dependent unit(s) and/or beds in your facility? *
If, NO, skip this form

Y - Yes

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

MECHANICAL VENTILATORS: Total number available in your facility

MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or laboratory positive COVID-19

Ventilator Supplies

Supply Item	Do you currently have any supply?	Do you have enough for one week?
Ventilator supplies (any, including tubing)	<input type="text"/>	<input type="text"/>

Responses based on the date responses are entered in the module

- **ANY:** Ventilator supply available in the facility.
- **ENOUGH SUPPLIES FOR ONE WEEK:** Number of mechanical ventilators in use for residents who have suspected or laboratory confirmed COVID-19.

Ventilator Capacity and Supplies Pathway

Update

Edit Daily COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity | Staff and Personnel Impact | Supplies and Personal Protective Equipment | **Ventilator Capacity and Supplies**

Do you have ventilator dependent unit(s) and/or beds in your facility? **Y - Yes** ▼
If NO, skip this form

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

<input type="text" value="15"/>	MECHANICAL VENTILATORS: Total number available in your facility
<input type="text" value="2"/>	MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents who have suspected or lab-confirmed COVID-19

Ventilator Supplies

Supply Item	Do you currently have any supply?	Do you have enough for one week?
Ventilator supplies (any, including tubing)	Y - Yes ▼	N - No ▼

Save Cancel

Ventilator capacity and supplies in the facility.



COVID-19



Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	30	May 01
03	04	05	07	08
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
				29

Message

Successfully saved record.

OK

- Resident
- Staff
- Supplies
- Ventilator



Click a cell to begin entering data on the day for which counts are reported.

◀ 📅 ▶ 26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07 ✔ Resident	08 ✔ Resident ✔ Staff ✔ Supplies ✔ Ventilator	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06



Click a cell to begin entering data on the day for which counts are reported.

◀ [Calendar Icon] ▶		26 April 2020 - 06 June 2020		<input checked="" type="checkbox"/> Record Complete <input type="checkbox"/> Record Incomplete		
26	27	28	29	30	May 01	02
03	04	05	06	07	08	09
<div style="background-color: #0056b3; color: white; padding: 5px;">Edit Daily COVID-19 Data</div> <p>Date for which counts are reported: <input type="text" value="05/07/2020"/></p> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; padding-bottom: 5px;"> Resident Impact and Facility Capacity Staff and Personnel Impact Supplies & Personal Protective Equipment Ventilator Capa </div> <p><i>For the following questions, please collect data at the same time <u>at least</u> once a week (for example, 7 AM)</i></p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Resident Impact</p> <p><input type="text" value="5"/> ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19</p> <p><input type="text" value="4"/> CONFIRMED: Residents with new laboratory positive COVID-19</p> <p><input type="text" value="9"/> SUSPECTED: Residents with new suspected COVID-19</p> <p><input type="text" value="5"/> TOTAL DEATHS: Residents who have died in the facility or another location</p> <p><input type="text"/> COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>Facility Capacity and Laboratory Testing</p> <p><input type="text" value="125"/> ALL BEDS (FIRST SURVEY ONLY)</p> <p><input type="text" value="122"/> CURRENT CENSUS: Total number of beds that are currently occupied</p> <p><input type="text" value="Y - Yes"/> *TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?</p> <p>If YES, what laboratory type? Select all that apply.</p> <p><input checked="" type="checkbox"/> State health department lab</p> <p><input type="checkbox"/> Private lab (hospital, corporation, academic institution)</p> <p><input type="checkbox"/> Other</p> </div>				<input checked="" type="checkbox"/> Resident <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Ventilator	16	
17				21	22	23
24				28	29	30
31				04	05	06

Click to open incomplete pathway record

Edit Daily COVID-19 Data

Date for which counts are reported: 05/07/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capac

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text" value="5"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
<input type="text" value="4"/>	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text" value="9"/>	SUSPECTED: Residents with new suspected COVID-19
<input type="text" value="5"/>	TOTAL DEATHS: Residents who have died in the facility or another location
<input type="text" value="0"/>	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

<input type="text" value="125"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="text" value="122"/>	CURRENT CENSUS: Total number of beds that are currently occupied
<input type="text" value="Y - Yes"/>	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply. <input checked="" type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other



COVID-19



Click a cell to begin entering data on the day for which counts are reported.

◀ 📅 ▶ 26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07 Resident	08 Resident Staff Supplies Ventilator	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Message
Successfully saved record.
OK

Upload CSV...

Download CSV Template...

Export CSV...



Take aways and reminders

- Updated Internet browser needed.
- Recommended: Internet Explorer 11 (latest version), Microsoft Edge (latest version), Chrome (latest version), Firefox (latest version), or Safari (latest version).
- Other browsers or older versions of the recommended browsers may work, however certain features may be incompatible.
- Please review the system requirements for your specific browser
 - for example, Internet Explorer:
<https://support.microsoft.com/en-us/help/11531/internet-explorer-system-requirements>

Take aways and reminders

- Data elements consists of counts and yes/no responses to questions.
- Responses to yes/no questions are based on the date responses are being reported in the Module.



Take aways and reminders

- The **first time** a LTCF enters counts in the LTCF COVID-19 Module, unless otherwise specified, counts for each question must include the number of **new** counts for that week (previous 7 days).
- Counts include:
 - admissions for previously treated COVID-19 residents
 - Suspected and confirmed COVID-19 for residents and staff
 - Total deaths
 - COVID-19 deaths

Take aways and reminders



- A facility may enter aggregate retrospective counts from January 1, 2020 to April 30, 2020
- To submit aggregate counts prior to May 1, 2020, use the arrow back icon on the calendar view to select any calendar date prior to May 1, 2020.

Take aways and reminders

- Enter ZERO (0) if the answer is zero for questions requiring counts
- Blank data element = missing data

Take aways and reminders



SUSPECTED

- Includes residents without lab positive test result, but are managed as though they have COVID-19 because of signs and symptoms in accordance with CDC's guidance for evaluation of persons under investigation (PUI)
 - may include residents who have not been tested or those with pending test results.
 - may include residents with negative test result, but with signs and symptoms
 - Includes residents that have since transferred out of the facility or died.

Take aways and reminders



- UPDATE to Ventilator Dependent Unit
- Will now include LTCFs with ventilator dependent unit(s) and/or beds.

Counts Example

DHQP skill nursing is 125 bed facility that recently completed NHSN enrollment in the LTCF COVID-19 Module. Ms. B is the NHSN facility administrator who will be entering the data into the NHSN module.

Her organization determined responses will be entered every Friday, beginning on **May 8**. The facility has been using the NHSN data collection forms to collect counts every morning at 10AM since May 1.

- **From May 1 at 10AM to 10AM on May 8, the facility had the following new counts (since prior to May 1):** 10 admissions/readmissions of residents previously hospitalized and treated for COVID-19; 21 Lab-positive COVID-19 residents; 33 residents with signs/symptoms suggestive of COVID-19; 9 total deaths; 7 COVID-19 deaths.
- On Friday May 8, Ms. B logged-in the NHSN LTCF COVID-19 Module and reported the responses in the **Resident Impact and Facility Capacity Pathway**



COVID-19



Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Add COVID-19 Data

Date for which counts are reported: 05/08/2020

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equip

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

10	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
21	CONFIRMED: Residents with new laboratory positive COVID-19
33	SUSPECTED: Residents with new suspected COVID-19
9	TOTAL DEATHS: Residents who have died in the facility or another location
7	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

New Counts from May 1 at 10 AM to May 8 at 10 AM

Facility Capacity and Laboratory Testing

125	ALL BEDS (FIRST SURVEY ONLY)
125	CURRENT CENSUS: Total number of beds that are currently occupied
Y - Yes	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
	If YES, what laboratory type? Select all that apply.
	<input checked="" type="checkbox"/> State health department lab
	<input type="checkbox"/> Private lab (hospital, corporation, academic institution)
	<input type="checkbox"/> Other

Total Number of beds occupied on May 8

Facility does perform COVID-19 testing on residents while they are in the facility and sends specimens to state health department lab for testing

Save Cancel

NHSN Home

- Alerts
- Dashboard
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

 COVID-19

 Click a cell to begin entering data on the day for which counts are reported.

◀ 📅 ▶ 26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	Message Successfully saved record. OK		30	May 01	02
03	04	05			07	08 Resident	09
10	11	12	13		14	15	16
17	18	19	20		21	22	23
24	25	26	27		28	29	30
31	Jun 01	02	03		04	05	06

Counts Example

After entering responses in the Facility Capacity Pathway, Ms. B decided that she wanted to document the morbidity and mortality COVID-19 had on their LTCF before the NHSN LTCF COVID-19 Module was available for reporting.

Since these counts must be reported separately on a date **prior to May 1**, Ms. B used the arrow back icon at the top of the calendar and selected the previous calendar month to report all of the aggregate counts she had available at the time.

- The facility has the following retrospective counts from Jan 1 to April 30, 2020: 200 lab-positive residents; 10 lab-positive staff; 0 staff deaths related to COVID-19; 75 total resident deaths; and 59 COVID-19 related resident deaths.



COVID-19



Click a cell to begin entering data on the day for which counts are reported.

26 April 2020 - 06 June 2020

Record Complete Record Incomplete

26	27	28	29	30	May 01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Add COVID-19 Data

Date for which counts are reported: 04/30/2020

Resident Impact and Facility Capacity | Staff and Personnel Impact | Supplies & Personal Protective Equipment | Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

<input type="text"/>	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
200	CONFIRMED: Residents with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Residents with new suspected COVID-19
75	TOTAL DEATHS: Residents who have died in the facility or another location
59	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Facility Capacity and Laboratory Testing

<input type="text"/>	ALL BEDS (FIRST SURVEY ONLY)
<input type="text"/>	CURRENT CENSUS: Total number of beds that are currently occupied
N - No	*TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility?
If YES, what laboratory type? Select all that apply. <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other	

Save **Cancel**

Date retrospective aggregate counts are being entered in the Module

Total Counts from January 1, 2020 until April 30, 2020

Since Testing response is required, NO was selected because the LTCF did not have in-house COVID-19 testing for residents on the date response is being entered (April 30)



COVID-19

Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

Record Complete Record Incomplete

Apr 26	27			30	May 01
				<input checked="" type="checkbox"/> Resident	
03	04	05	06	07	08
					<input checked="" type="checkbox"/> Resident
					<input checked="" type="checkbox"/> Staff
					<input checked="" type="checkbox"/> Supplies
					<input checked="" type="checkbox"/> Ventilator
10	11	12		14	15
17	18	19		21	22
24	25	26	27	28	29

Record shows as incomplete because some questions were left unanswered

Message
Successfully saved record.

 COVID-19

 Click a cell to begin entering data on the day for which counts are reported.

◀  ▶ 26 April 2020 - 06 June 2020 Record Complete Record Incomplete

26	27	28	29	30 <input checked="" type="checkbox"/> Resident	May 01	02
03	04	05	06	07 	08 <input checked="" type="checkbox"/> Resident <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Ventilator	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Jun 01	02	03	04	05	06

Date for which counts are reported: 04/30/2020

Date retrospective aggregate counts are being entered in the Module

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies & Personal Protective Equipment

Ventilator Capacity & Supplies

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Total Counts from January 1, 2020 until April 30, 2020

<input type="text" value="10"/>	CONFIRMED: Staff and facility personnel with new laboratory positive COVID-19
<input type="text"/>	SUSPECTED: Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it
<input type="text" value="0"/>	COVID-19 DEATHS: Staff and facility personnel with new suspected or laboratory positive COVID-19 who died

Does your organization have a shortage of staff and/or personnel?

Since responses to the below yes/no questions must be based on the date in which responses are being entered, these are not answered since the selected data is a retrospective date

Staffing Shortage?	
<input type="text" value=""/>	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="text" value=""/>	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="text" value=""/>	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="text" value=""/>	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)



COVID-19



Click a cell to begin entering data on the day for which counts are reported.



26 April 2020 - 06 June 2020

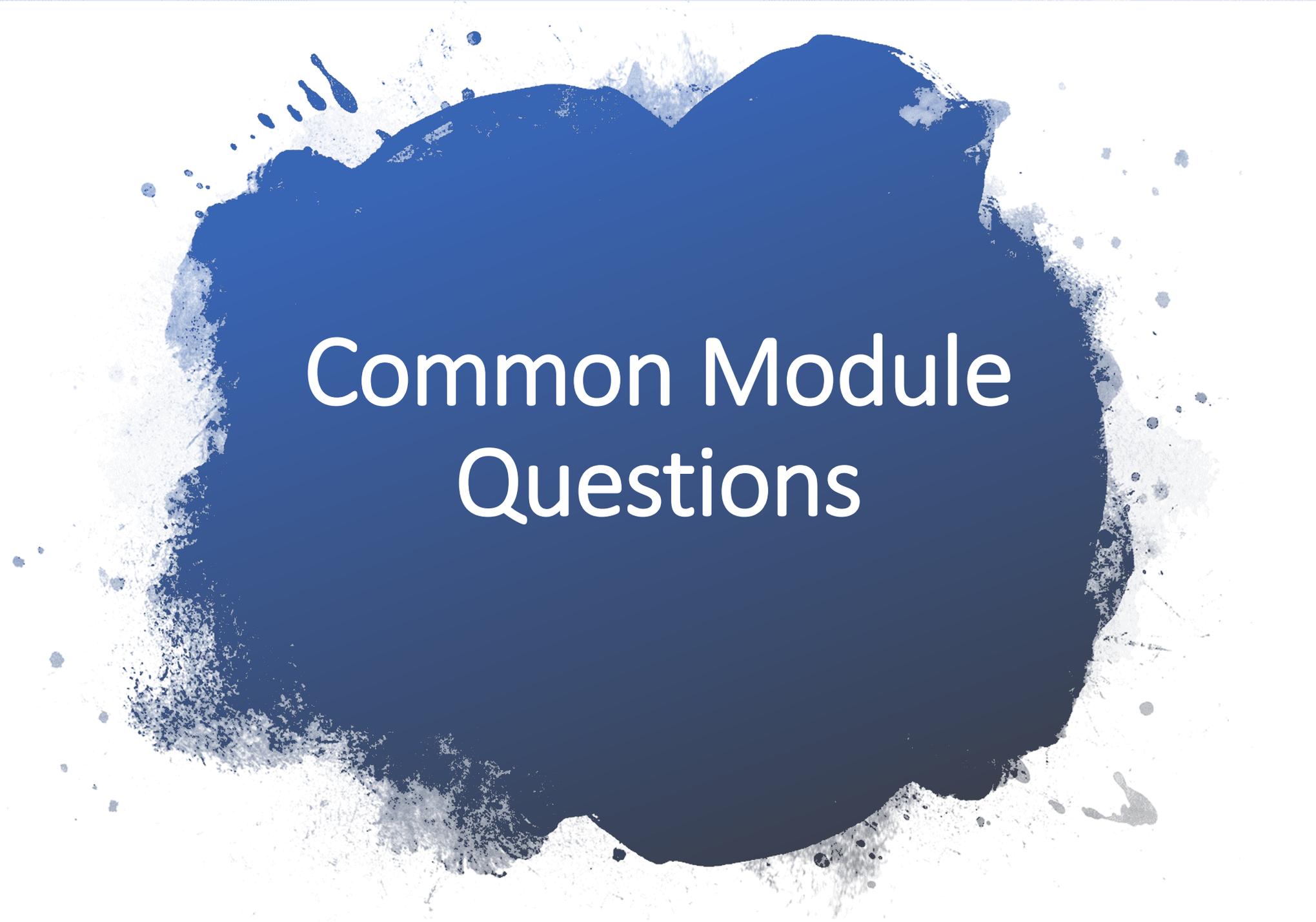
Record Complete Record Incomplete

Apr 26	27			30	May 01	0
03	04	05	06	07	08	0
10	11	12		14	15	1
17	18	19		21	22	2
24	25	26	27	28	29	3
31	Jun 01	02	03	04	05	0

Record shows as incomplete because some questions were left unanswered

Message
Successfully saved record.
OK

- Resident
- Staff
- Supplies
- Ventilator



Common Module Questions



How can I contact
CMS with
Questions about
reporting
mandates?

- Questions from users about CMS' enforcement of the new COVID-19 reporting requirement on nursing homes should be directed to DNH_Enforcement@cms.hhs.gov.

Can one NHSN
Facility
Administrator be
enroll and submit
data for multiple
facilities?

- YES

Does ALL BEDS include ALL beds in a combined facility where there are ALF and SNF beds together?

- ALL BEDS must include all licensed beds for that particular facility type.
- This count should not include beds for other facility types.
- For example, a reporting skilled nursing facility should include the total licensed bed count for the skilled nursing facility. The counts should not include beds for the assisted living facility since the ALF should enroll as a separate facility type.

Additional Resources:

- CDC's Coronavirus (COVID-19) website: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- NHSN COVID-19 Webpage for Long-term Care Facilities: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- CDC's National Healthcare Safety Network (NHSN) Home Page: <https://www.cdc.gov/nhsn/index.html>
- Guidance for Retirement Communities and Independent Living: <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html>
- Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>
- Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>
- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>



CDC

**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

**EDWARD R. ROYBAL
CAMPUS**

Thank You!