



# National Healthcare Safety Network

## 2019 Long-term Care Facility Component Annual Updates and Annual Facility Survey Review

January 9, 2019

January 30, 2019

# What's New in 2019?

## Where can I find a list of the updates?

- December newsletter
- LTCF module web-pages under the protocol tab
- Blast e-mail sent to NHSN users
- NHSN version 9.2 Release Notes (12/12/18)

Impacted Infection Event/Module	Summary of Modifications
General	<ul style="list-style-type: none"> <li>• <i>Clostridium difficile</i> infection (CDI), also known as <i>C. difficile</i> infection, has been reclassified as <i>Clostridioides difficile</i> (CDI), also known as <i>C. difficile</i> infection. <b>Note:</b> Currently, the update is only reflected in the NHSN protocols, forms, and table of instructions.</li> </ul>
Annual Facility Survey	<ul style="list-style-type: none"> <li>• To assist in improving data quality, a pop-up message will appear as a reminder to verify the primary testing method for <i>C. difficile</i> when:               <ul style="list-style-type: none"> <li>○ An uncommon <i>C. difficile</i> testing method is selected (specifically, culture or cell cytotoxicity neutralization assay) OR</li> <li>○ “Other” is selected and the testing method that is manually typed in the space is equivalent to one of the provided testing methods.</li> </ul> </li> </ul>
Event Reporting – All Modules	<ul style="list-style-type: none"> <li>• To assist in improving data quality, a pop-up message will appear on the Event Page if the selected Resident Type (Short Stay [SS] or Long Stay [LS]) does not meet the NHSN definition based on the <b>date of first admission and the event date.</b></li> </ul>
Urinary Tract Infection (UTI) Event Module	<ul style="list-style-type: none"> <li>• Urine culture requirements are no longer based on specimen collection method. The following changes were made:               <ul style="list-style-type: none"> <li>○ Specimen collected from <b>in/out straight catheter</b> and a <b>positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</b></li> <li>○ Specimen collected from <b>indwelling catheter</b> and a <b>positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</b></li> </ul> </li> </ul>
Laboratory-identified (LabID) Event Module	<ul style="list-style-type: none"> <li>• No significant protocol changes made to the module.</li> </ul>
Prevention Process Measures Module	<ul style="list-style-type: none"> <li>• No significant protocol changes made to the module.</li> </ul>
CDI Denominator Monthly Summary Data and Denominators for LTCF	<ul style="list-style-type: none"> <li>• Added a new required variable called “CDI Treatment Starts” to enable an estimate of CDI burden in a facility when empiric treatment for CDI occurs in the absence of confirmatory testing.</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>• In the NHSN line listing and rate tables, the column titles were updated to reflect the descriptive variable names as the default instead of the variable names.</li> <li>• The following additional variables added as columns to the default <i>Line Listing – All CDI LabID Events</i>: (1) CDI Assay; (2) Onset; (3) Onset Description; and (4) Days: Admit to Event.</li> <li>• Definitions for incident and recurrent CDI added as footnotes to <i>Line Listing - All CDI LabID Events</i>.</li> </ul>

# What's New in 2019?

## Name Change for *Clostridium difficile*

- *Clostridium difficile* infection (CDI), also known as *C. difficile* infection, has been reclassified as *Clostridioides difficile* (CDI), also known as *C. difficile* infection.
  - **Note:** Currently, the update is only reflected in the NHSN protocols, forms, and table of instructions.

# What's New in 2019?

## Annual Facility Survey

- Soft alerts will appear when an uncommon testing method is selected for:
  - Cell cytotoxicity neutralization assay
  - Culture

3. What is the primary testing method for *C. difficile* used most where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g.
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA fol
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

**Alert**

This test is not a standard *C. diff* diagnostic tool, please review selection. If this is correct, press OK to continue or press Cancel to edit.

**OK** **Cancel**

# What's New in 2019?

## Annual Facility Survey

- Soft alerts will appear when “Other” is selected as primary testing method and:
  - The testing method typed in the box matches a selection already available

3. What is the primary testing method for *C. difficile* used most often by you where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAM)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-st
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)

Other (specify)

("Other" should not be used to name specific laboratories, reference labor  
laboratory, refer to the Tables of Instructions for this form, or conduct a se

### Alert

One of the options from the specified testing methods listed above is a better choice. If this is correct, press OK to continue or press Cancel to edit.

OK

Cancel

# What's New in 2019?

## Events

- A pop-up message will appear on the **Event Page** if the selected Resident Type (Short Stay [SS]) does not meet the NHSN definition based on the date **of first admission and the event date**

**Resident Information**

Facility ID \*: Pike Nursing Home (ID 11106) ▾  
Resident ID \*: 123456 Find Find Events Social Security #: 000-00-0001  
(or comparable railroad insurance number):  
Last Name: PresPos First Name: Test  
Middle Name: Date of Birth \*: 03/06/1945  
Gender \*: F - Female ▾  
Ethnicity: NOHISP - Not Hispanic or Not Latino ▾  
Race:  American Indian/Alaska Native  Asi  
 Black or African American  Native Hawaiian/Other Pacific Islander  
 White

**Alert**  
Please verify that you've selected the correct Resident Type. NHSN defines a short-stay resident as having 100 days or less between the first admission date and the event date. OK

Resident type \*: SS - Short-stay ▾  
Date of First Admission to Facility \*: 03/07/2018  
Date of Current Admission to Facility \*: 03/07/2018

**Event Information**  
Event Type \*: UTI - Urinary Tract Infection ▾  
Date of Event \*: 09/05/2018

GREATER THAN 100 DAYS

# What's New in 2019?

## Events

- A pop-up message will appear on the Event Page if the selected Resident Type (Long Stay [LS]) does not meet the NHSN definition based on the date **of first admission** and **the event date**

Resident type \*: LS - Long Stay

Date of First Admission to Facility \*: 09/01/2018

LESS THAN 100 DAYS

Date of Current Admission to Facility \*: 09/01/2018

Event Information

Event Type \*: UTI - Urinary Tract Infection

Resident Care Location \*: [dropdown]

Primary Resident Service Type \*: [dropdown]

Has resident been transferred from an acute care facility in the past 4 weeks \*

Indwelling Urinary Catheter status at time of event onset \*: [dropdown]

Specify Criteria Used \* (check all that apply):

**Alert**

Please verify that you've selected the correct Resident Type. NHSN defines a long-stay resident as having greater than 100 days between the first admission date and the event date.

OK

Date of Event \*: 09/29/2018

# Is the resident Short Stay or Long Stay?

- Do we count residents who have a respite stay, but are not admitted as short stay?
  - If they occupied a bed they should be counted.
- Do the 100 days per calendar year need to be consecutive to count as long-term stay?
  - Only if the resident was discharged for more than 30 consecutive days at a time, in which the “Date of First Admission to Facility” will change. IN this case, the count will start over for determining resident type. If the resident leaves the facility for less than 30 days then the "Date of first admission to facility" would not change and the resident would remain as long stay.

# What's New in 2019?

## UTI Event

- Urine culture requirements:
  - Regardless of specimen collection method, resident must have at least one positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml

Specify Criteria Used \* (check all that apply):

### Signs & Symptoms

- Fever: Single temperature  $> 37.8^{\circ}\text{C}$  ( $>100^{\circ}\text{F}$ ) or  $>37.2^{\circ}\text{C}$  ( $>99^{\circ}\text{F}$ ) on repeated occasions, or an increase of  $> 1.1^{\circ}\text{C}$  ( $>2^{\circ}\text{F}$ ) over baseline
- Rigors
- New onset confusion/functional decline
- New onset hypotension
- Acute pain, swelling or tenderness of the testes, epididymis, or prostate
- Acute dysuria
- Purulent drainage at catheter insertion site

### Laboratory & Diagnostic Testing

- Specimen collected from clean catch voided urine and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from in/out straight catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from indwelling catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Leukocytosis ( $> 14,000$  cells/mm<sup>3</sup>), or Left shift ( $> 6\%$  or 1,500 bands/mm<sup>3</sup>)
- Positive blood culture with 1 matching organism in urine culture

## *Example Scenario* – Should I Report Case as UTI?

- A resident of a LTC facility was complaining of new onset of dysuria. A urine culture was collected via straight catheter and the culture comes back positive for mixed flora, E. coli, and Candida glabrata  $10^5$  CFU/ml.

A. YES



B. NO

# Applying the NHSN Definition

Specify Criteria Used \* (check all that apply):

## Signs & Symptoms

- Fever: Single temperature  $> 37.8^{\circ}\text{C}$  ( $>100^{\circ}\text{F}$ ) or  $>37.2^{\circ}\text{C}$  ( $>99^{\circ}\text{F}$ ) on repeated occasions, or an increase of  $> 1.1^{\circ}\text{C}$  ( $>2^{\circ}\text{F}$ ) over baseline
- Rigors
- New onset confusion/functional decline
- New onset hypotension
- Acute pain, swelling or tenderness of the testes, epididymis, or prostate
- Acute dysuria
- Purulent drainage at catheter insertion site

## Laboratory & Diagnostic Testing

- Specimen collected from clean catch voided urine and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from in/out straight catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from indwelling catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Leukocytosis ( $> 14,000$  cells/ $\text{mm}^3$ ), or Left shift ( $> 6\%$  or  $1,500$  bands/ $\text{mm}^3$ )
- Positive blood culture with 1 matching organism in urine culture

- If more than 2 species of microorganisms are present, the resident **does not** meet the urine culture requirement for an NHSN UTI regardless of colony count and how specimen was collected





## CDI Treatment Starts

- While a resident is being treated *C. difficile* infection, the provider orders repeat testing which was negative. The provider orders for the resident to continue with the previously ordered treatment. How do I count this?
- ✓ **Count new orders only.**

Do **not** count continued treatment as separate counts. Remember, you should only capture **new** medication orders.

# CDI Treatment Starts

- Should the *number of residents started on antibiotic treatment for C. difficile* include only residents with a positive C. difficile lab result?

A. Yes



B. No

**NO**, Number of *C. difficile* treatment starts should only include residents with a new order for treatment irrespective of lab results.

MDRO & CDI LabID Event Reporting

Location Code		Specific Organism Type							MDR- Acinetobacter	Custom Fields
		MRSA	VRE	Ceph- Klebsiella	CRE-E.coli	CRE- Enterobacter	CRE- Klebsiella	C. difficile		
	Resident Admissions: <input type="text"/> *									
	Resident Days: <input type="text"/> *									
Wide Inpatient (FacWIDEIn)	Number of Admissions on C. diff Treatment: <input type="text"/> *	LabID Event (All specimens) <input type="checkbox"/>	<input type="checkbox"/>							
	Number of residents started on antibiotic treatment for C.diff: <input type="text"/> *	Report No Events <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Note**—if the resident had a new order for CDI treatment and had a positive *C. diff* lab result, the resident will be counted once for C. diff treatment start and a CDI LabID Event should be submitted for that resident.

## CDI Treatment Starts

- Should the number of residents started on antibiotic treatment include residents receiving empiric treatment?

- A. Yes
- B. No

### YES

- Number of *C. difficile* treatment starts should include residents with a new order for treatment irrespective of why the treatment is ordered.

# CDI Treatment Starts

- For the “Number of residents started on antibiotic treatment for C. difficile” should I include residents admitted on treatment for C. diff?

**NO**

There are TWO different monthly summary variables that must be answered for facilities participating in CDI LabID Event Reporting.

MDRO & CDI LabID Event Reporting				
Location Code				
		Resident Admissions: <input type="text"/> *		
		Resident Days: <input type="text"/> *		
	Facility-wide Inpatient (FacWIDEIn)	Number of Admissions on C. diff Treatment: <input type="text"/> *	LabID Event (All specimens)  Report No Events	<input type="checkbox"/>  <input type="checkbox"/>
		Number of residents started on antibiotic treatment for C.diff: <input type="text"/> *		

# CDI Treatment Starts

- 1. Number of admission on C. difficile treatment:** Count only residents who are receiving medication therapy (such as antibiotics) for the treatment of *C. difficile* infection **at the time of admission to your facility.**
  - Include both new admissions and re-admissions when a resident was out of the facility >2 calendar days (change to the Current Admission Date).
  - A resident admitted on CDI treatment should be included in this count even if he/she does not have a CDI LabID event for the LTCF.
- 2. Number of residents started on antibiotic treatment for C. difficile :** Count residents that have a new medication order for *C. difficile* treatment.
  - Capture all new medication treatments (antibiotic orders), regardless of: (1) results of *C. difficile* testing; or (2) number of doses or days of therapy completed.
  - Remember, this count does NOT include residents admitted to your facility on treatment or with treatment orders.

# What's New in 2019?

## Analysis

- Line listing and Rate Tables:
  - Column titles updated to reflect the **descriptive** variable names as the default instead of the variable names.

**National Healthcare Safety Network**  
**Rate Tables for CDI LabID Event Data**  
**Total CDI Rate** ←

As of: December 6, 2018 at 3:21 PM  
Date Range: All LTCLABID\_RATESCDIF

Facility Org ID=11106

Summary Year/Month	Location	Total CDI Count	Number of Resident Days	Total CDI Rate
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**National Healthcare Safety Network**  
**Line Listing - All LabID Events** ←

As of: December 4, 2018 at 3:44 PM  
Date Range: All LTCLABID\_EVENTS

Facility Org ID	Resident ID	Date of Current Admission	Event ID	Event Date	Specific Organism	Specimen Source	Location	Transferred from Acute Care Facility in Past 3 Months?	Transferred from Acute Care Facility in Past 4 Weeks?
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# What's New in 2019?

## Analysis

- Line Listing - *All CDI LabID*
  - Additional variables added

### National Healthcare Safety Network

#### Line Listing - All CDI LabID Events

As of: January 9, 2019 at 10:45 AM

Date Range: All LTCLABID\_EVENTS

Facility Org ID	Resident ID	Date of Current Admission	Event ID	Event Date	Specific Organism	Specimen Source	Location	Transferred from Acute Care Facility in Past 4 Weeks?	CDI Assay	Onset	Onset Description	Days: Admit to Event
39455	2468	12/25/2014	3140	01/05/2015	CDIF	STOOL	1 D		Incident	ACT-LO	ACT-LO - Acute Care Transfer-Long-term Care Facility-Onset	12
39455	444444	10/25/2014	3179	01/10/2015	CDIF	STOOL	4 GEN		Incident	LO	LO - Long-term Care Facility-Onset	78
39455	111111	01/01/2015	3134	01/15/2015	CDIF	STOOL	1 D		Incident	LO	LO - Long-term Care Facility-Onset	15

# 2018 ANNUAL FACILITY SURVEY IS DUE



# Important Information

- **2018** Annual Facility Surveys are available for completion now!
  - ❖ Deadline to complete survey is **March 1, 2019**.
- Most survey questions are based on facility characteristics and practices during the previous calendar year.
- New soft alerts (pop-up messages) added to improve data quality.
- Accuracy is important-responses in the annual survey may be used for future risk adjustment of data.

## Important Information, *continued*

- Recommend collecting all required information using NHSN paper form.
- NHSN provides instructions for completing the form in the Table of Instructions (TOI).
- Surveys may be viewed, edited, and printed anytime after submitting.
- NHSN helpdesk is your friend! [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “LTCF” in subject line.

# Getting Started with your Annual Facility Survey

## Before Getting Started!

- Recommend the use of NHSN paper forms and instructions to collect required information
  - **Form:**  
[https://www.cdc.gov/nhsn/forms/57.137\\_LTCFSurv\\_BLANK.pdf](https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf)
  - **Instructions:**  
<https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>
- May review and print your survey completed during previous calendar year (2017) if facility characteristics are similar



Form Approved  
OMB No. 0920-0666  
Exp. Date: 10/01/2018  
www.cdc.gov/nhsn

### Long Term Care Facility Component—Annual Facility Survey

Page 1 of 6

*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:
<b>Facility Characteristics</b>	
*Ownership (check one): <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government (not VA) <input type="checkbox"/> Veterans Affairs	
*Certification (check one): <input type="checkbox"/> Dual Medicare/Medicaid <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicaid only <input type="checkbox"/> State only	
*Affiliation (check one): <input type="checkbox"/> Independent, free-standing <input type="checkbox"/> Independent, continuing care retirement community <input type="checkbox"/> Multi-facility organization (chain) <input type="checkbox"/> Hospital system, attached <input type="checkbox"/> Hospital system, free-standing	
<i>In the previous calendar year:</i> *Average daily census:	

# Getting Started with your Annual Facility Survey

## Log-in to SAMS

1. Go to <https://sams.cdc.gov>
2. Sign-in using your SAMS Grid card

**External Partners**

**SAMS Credentials**



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

**SAMS Grid Card**



Entrust											
	A	B	C	D	E	F	G	H	I	J	
1	E	Q	X	3	T	5	N	4	M	Q	1
2	E	3	K	6	J	M	9	F	8	6	2
3	C	1	6	M	3	J	H	M	P	Y	3
4	T	W	1	4	V	6	0	7	2	4	
5	8	6	7	W	6	J	5	M	P	X	5

Serial #

OR

Click the Login button to sign on with a SAMS Grid Card



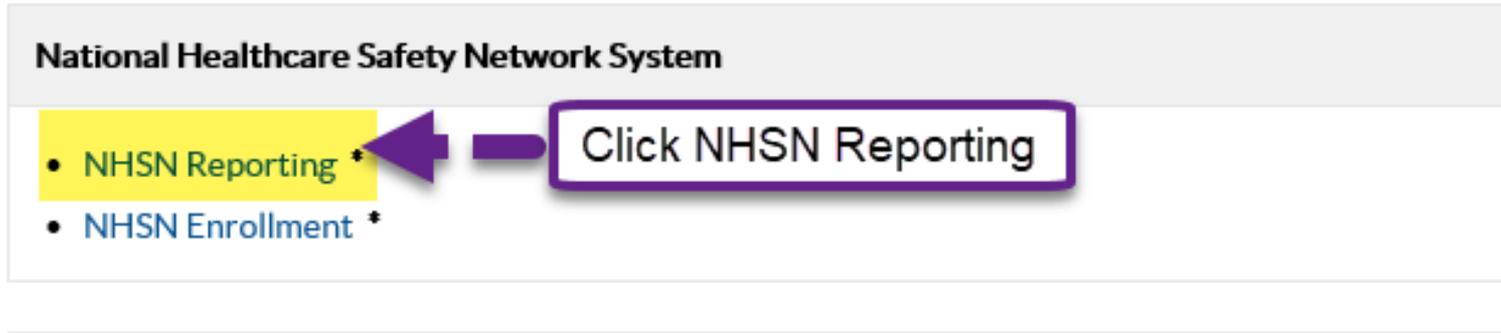
For External Partners who have been issued a SAMS Grid Card.

# Getting Started with your Annual Survey

## Select NHSN Reporting

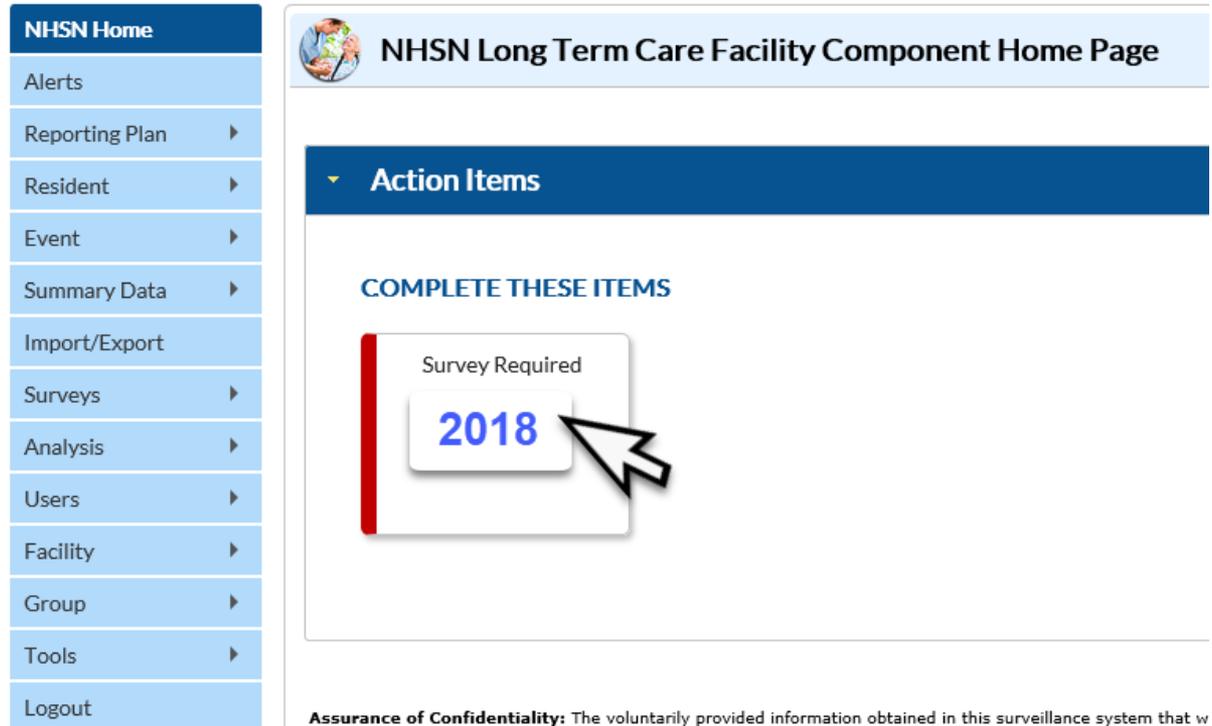
- Select **NHSN Reporting** to access your enrolled facility

**Note:** facility that have already enrolled in NHSN should **NOT** enroll again, even if the NHSN administrator changes



# Getting Started with your Annual Survey

## Open 2018 Annual Facility Survey



The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The main content area features a header with a globe icon and the text 'NHSN Long Term Care Facility Component Home Page'. Below this is a dark blue 'Action Items' section with a dropdown arrow. Underneath, the text 'COMPLETE THESE ITEMS' is displayed. A prominent notification box contains the text 'Survey Required' and '2018' in large blue font, with a mouse cursor pointing at it. At the bottom of the page, a footer reads: 'Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that w

# Getting Started with your Annual Facility Survey

- To review and/or print a copy of your completed survey for the previous calendar year:

## To Access Previously Submitted Survey:

1. Click **“Surveys”**
2. Click **“Find”**
3. Select Survey Year **“2017”**
4. Click **“Find”**

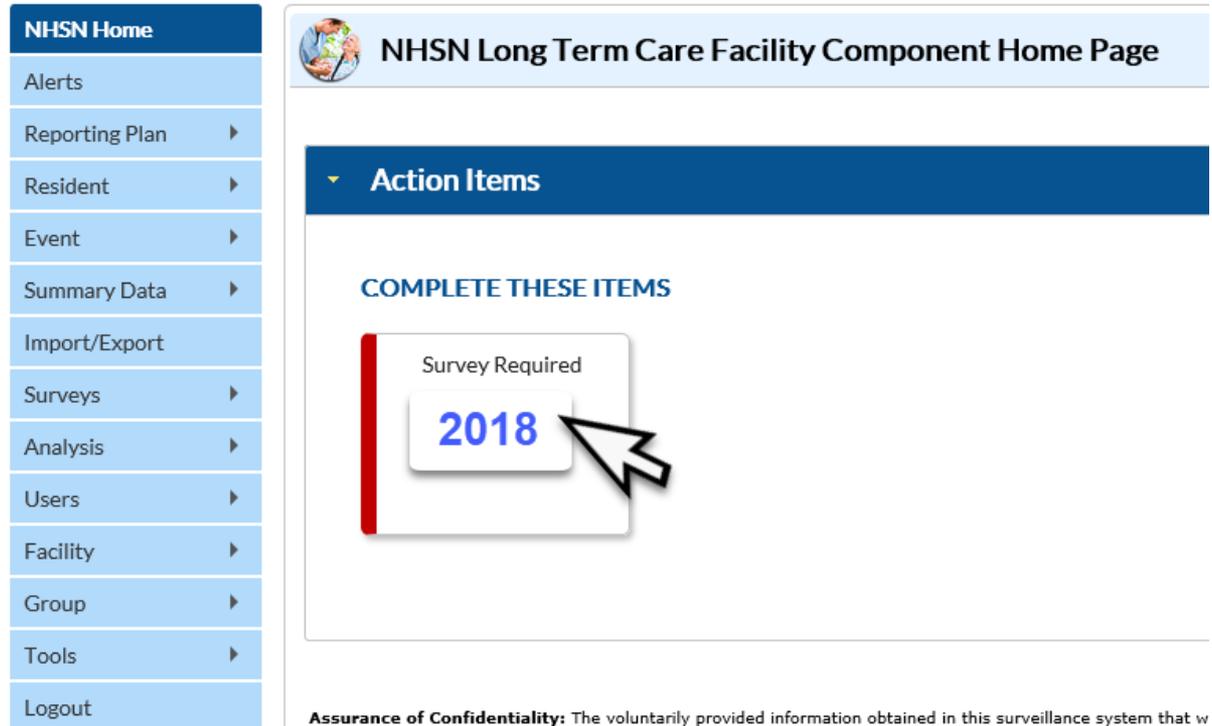
The screenshot displays the NHSN Home interface. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Import/Export, Surveys, Analysis, Users, and Facility. The 'Surveys' item is highlighted, and a sub-menu is open showing 'Add' and 'Find' options. A purple arrow points to the 'Find' option. The main content area is titled 'Find Annual Survey' and contains the following instructions:

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Below the instructions, there are two dropdown menus: 'Facility ID:' with the value '8.8 LTC Facility (ID 14884)' and 'Survey Year:' with the value '2017'. A purple arrow points to the '2017' dropdown. At the bottom right, there are three buttons: 'Find', 'Clear', and 'Back'. A white mouse cursor arrow points to the 'Find' button.

# Getting Started with your Annual Survey

## Open 2018 Annual Facility Survey



The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The main content area features a header with a globe icon and the text 'NHSN Long Term Care Facility Component Home Page'. Below this is a dark blue 'Action Items' section with a dropdown arrow. Underneath, the text 'COMPLETE THESE ITEMS' is displayed. A prominent notification box contains the text 'Survey Required' and '2018' in large blue font, with a mouse cursor pointing at it. At the bottom of the page, a footer reads: 'Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that w

# Getting Started with your Annual Survey

## Add Required Information

Red \*asterisk = required



Add Annual Survey

Mandatory fields marked with \*

Facility ID \*: Angela LTCF Test Facility (ID 39455) ▾

Survey Year \*: 2018 ▾

National Provider ID \*:

State Provider #:

### Facility Characteristics

Facility ownership \*:

Certificat

Affiliation \*:

Survey Year =  
2018

In the previous calendar year,

Average daily census \*:

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 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 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 *	<input type="checkbox"/>	<input type="text"/>

# Total Number of Short-Stay Residents

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 \*:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) \*:

**Total number of unique residents who stayed  $\leq 100$  days in the previous calendar year.**

**Note:** If a resident starts off as short stay but converts to long-stay, then count the resident in the total number of long-stay.

# Total Number of Long-Stay Residents

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 \*:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) \*:

**Total number of unique residents who stayed > 100 days in the previous calendar year.**

## On the day you complete this survey..

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 *:	<input checked="" type="checkbox"/>	<input type="text" value="47"/>
b. Long-term dementia *:	<input checked="" type="checkbox"/>	<input type="text" value="20"/>
c. Skilled nursing/Short-term (subacute) rehabilitation *:	<input checked="" type="checkbox"/>	<input type="text" value="20"/>
d. Long-term psychiatric (non dementia) *:	<input type="checkbox"/>	<input type="text"/>
e. Ventilator *:	<input type="checkbox"/>	<input type="text"/>
f. Bariatric *:	<input type="checkbox"/>	<input type="text"/>
g. Hospice/Palliative *:	<input checked="" type="checkbox"/>	<input type="text" value="10"/>
h. Other *:	<input type="checkbox"/>	<input type="text"/>
Total Resident Census on Survey Day:		97

# Its Survey Time – What Services are being Provided?

- What should we do if we provide the service but have no one in house on the day of survey, e.g., we provide hospice, but had no hospice residents on the day of survey.

✓ Check the box to include the service and put a “0” for the count

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey complete)

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
a. Long-term general nursing *:	<input checked="" type="checkbox"/>	47
b. Long-term dementia *:	<input checked="" type="checkbox"/>	20
c. Skilled nursing/Short-term (subacute) rehabilitation *:	<input checked="" type="checkbox"/>	20
d. Long-term psychiatric (non dementia) *:	<input type="checkbox"/>	
e. Ventilator *:	<input type="checkbox"/>	
f. Bariatric *:	<input type="checkbox"/>	
g. Hospice/Palliative *:	<input checked="" type="checkbox"/>	0
h. Other *:	<input type="checkbox"/>	

Total Resident Census on Survey Day:

97

# Total Resident Census on Survey Day

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 complete)

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
a. Long-term general nursing *	<input checked="" type="checkbox"/>	47
b. Long-term dementia *	<input checked="" type="checkbox"/>	20
c. Skilled nursing/Short-term (subacute) rehabilitation *	<input checked="" type="checkbox"/>	20
d. Long-term psychiatric (non dementia) *	<input type="checkbox"/>	
e. Ventilator *	<input type="checkbox"/>	
f. Bariatric *	<input type="checkbox"/>	
g. Hospice/Palliative *	<input checked="" type="checkbox"/>	10
h. Other *	<input type="checkbox"/>	
Total Resident Census on Survey Day:		97

**Total Resident Census on Survey Day** must be less than or equal to **Total Number of Beds** provided in previous section of survey

In the previous calendar year,

Average daily census \*: 90

Total number of short-stay residents \*: 25

Total number of long-stay residents \*: 75

Total number of new admissions \*: 20

Total Number of Beds \*: 100

# Primary Testing Method for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

- Based on practices of diagnostic laboratory in which **most** resident specimens are sent.
- Contact diagnostic laboratory identify the primary diagnostic testing method for *C. difficile* used

# Uncommon Testing Methods for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

- Before selecting cell cytotoxicity neutralization assay or culture, verify primary testing method with diagnostic lab.
- Most testing methods can be categorized by selecting from the options provided.
- 'Other' should **not** be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests.

## *Lab Testing* methods

- What if you changed labs this year and the testing methods are different?
- ✓ You will add the new lab to next year's survey. Remember, for 2018 survey, you are only including facility characteristics and practices for 2018. If labs changed mid-way through the year, include the primary lab tests your facility used for the majority of 2018.

# Remember to **SAVE** completed survey



# EDIT Annual Facility Survey

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout



NHSN Long Term Care Facility Component Home Page

▼ Action Items



Find Annual Survey

COMPLETE THESE ITEMS

Add

Find

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

Survey Year:

# How do I add a new user to NHSN?

- How can our new Infection Control Nurse be added as a NHSN user?
- ✓ The NHSN facility administrator must add the new nurse as a user to the NHSN application. Once the new user is added, if he/she is not already registered with SAMS, he/she will receive an e-mail to register with SAMS.
- Please send an e-mail to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for additional questions or help with adding a new user

# ADD NHSN Users

NHSN Home

- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶** Add
- Facility ▶ Find
- Group ▶
- Logout

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:  Y - Yes  No

User Type:

Phone Number \*:

Fax Number:

E-mail Address \*:

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

County:

Zip Code:

Home Phone Number:

Beeper:

*Tip: use first initial and last name ex. aantila*

**User must use same email address for SAMS registration!**

# ADD NHSN User

## *Assign and Save Rights*

User ID: **MANTTILA (ID 238556)**

Fac: Angela LTCF Test Facility

Facility List:

Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance	Long Term Care	Dialysis	
Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Add, Edit, Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
View Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effective Rights   **Save**   Back   **Advanced**

# How do I add the LTCF Component if I'm already a NHSN user?

- Will I be able to access LTC if I am already enrolled for hospital NHSN data? Or do I have to initiate another enrollment?

✓ **Must enroll in the LTCF Component since it is a different component. It is an abbreviated enrollment where the LTCF annual facility survey must be completed to complete the enrollment.**

The screenshot shows the SAMS (secure access management services) interface. On the left is a 'Menu' with options: My Profile, Logout, Links, SAMS User Guide, SAMS User FAQ, and Identity Verification Overview. On the right is 'My Applications' with sections: CITI\_Single\_SignOn (containing CDC Single Point Sign On - CITI Courses) and National Healthcare Safety Network System (containing NHSN Reporting and NHSN Enrollment). A red box highlights 'NHSN Enrollment' with a yellow arrow pointing to it. Below this is a section for 'NHSN - National Healthcare Safety Network' with an 'Enroll Facility' button. Below that, it says 'Please Select Desired Option' and provides a link: 'Access and print hardcopy version of enrollment forms'. A red box highlights the 'Enroll a Facility' button with a yellow arrow pointing to it.

# How do I make a change to our facility name?

- How do we update the name of our facility within the NHSN site?

The screenshot shows the NHSN Long Term Care Facility dashboard. On the left is a navigation menu with items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Facility' item is highlighted, and a dropdown menu is open, showing options: Customize Forms, Facility Info, Add/Edit Component, and Locations. An arrow points from 'Facility Info' to the right. In the main content area, there is a header 'NHSN Long Term Care Facility' and a section titled 'Action Items' with a sub-header 'COMPLETE THESE ITEMS'. Below this, a card indicates 'Survey Required 2018'. Another arrow points from the 'Survey Required 2018' card to the 'Facility Info' option in the dropdown menu.

The screenshot shows the 'Edit Facility Information' form. The title 'Edit Facility Information' is highlighted with a yellow box and an arrow points to it from the left. Below the title, there is a note: 'Mandatory fields marked with \*' and links for 'Facility Information', 'Components', and 'Contact Information'. The 'Facility Information' section contains a 'Facility ID' field. A green speech bubble with the text 'Make your changes' points to the form fields. Below this, there are several input fields: 'Facility name \*', 'Address, line 1 \*', 'Address, line 2', 'Address, line 3', 'City \*', 'State \*', and 'County \*'. At the bottom right, there are two buttons: 'Update' and 'Back'. An arrow points from the 'Update' button to the left.



## QUESTIONS ?

Send all questions to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and type “LTCF” in the subject line