#### C. diff Reporting & Reduction: National Healthcare Safety Network (NHSN) Enrollment

January 2020

Presented by: Marilee H. Johnson, MBA, MT (ASCP) Technical Advisor, Infection Prevention



*≈*ALLIANT QUALITY

## Marilee Johnson

#### TECH ADVISOR, INFECTION PREVENTION

Marilee Johnson graduated from the University of North Carolina at Chapel Hill with a B.S. in Medical Technology, completed her Board of Certification, MT(ASCP) and began her career in the clinical microbiology laboratory. After completing her MBA at Meredith College, she joined the Infection Prevention Team at WakeMed Health & Hospitals as a public health epidemiologist. She continued her work at the NC Division of Public Health by facilitating the NC One & Only Campaign and Antibiotic Stewardship Programs. Most recently, she was a technical advisor with Alliant Quality, providing education and infection prevention training to over 115 nursing homes in North Carolina & Georgia. Marilee has completed training in Infection Prevention through NC SPICE (North Carolina Statewide Program in Infection Control & Epidemiology) and the CDC's Nursing Home Infection Preventionist Training Course. She is also a member of the Association of Professionals in Infection Control & Epidemiology (APIC).

"I cannot do all the good that the world needs. But the world needs all the good I can do." ~Jana Stanfield

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#### **Objectives**

- By the end of this session, you will be able to:
  - Define National Healthcare Safety Network (NHSN)
  - Give rationale for C. *diff* infection (CDI) surveillance in NHSN
  - Know the steps & timeline to enroll your facility in NHSN
  - Understand steps to obtain a SAMS (Secure Access Management System) Grid Card

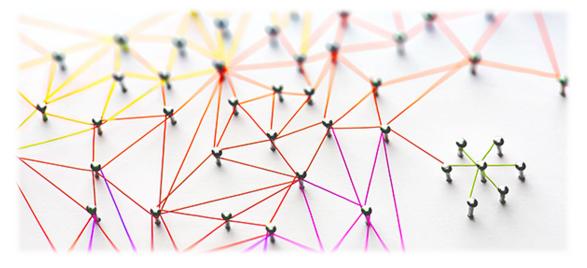
#### **Ground Rules**

- All lines are muted, so please ask your questions in chat
- Be present and actively participate





#### **Personal Connections**



- What state are you from?
- What is your position/title?
- Are you already reporting data into NHSN?

CMS Aims					
Behavioral Health Outcomes and Opioid Misuse	Patient Safety	Chronic Disease Self-Management	Quality of Care Transitions	Nursing Home Quality	
<ul> <li>Promote opioid best practices</li> <li>Decrease high dose opioid prescribing and opioid adverse events in all settings</li> <li>Increase access to behavioral health services</li> </ul>	<ul> <li>Reduce risky medication combinations</li> <li>Reduce adverse drug events</li> <li>Reduce C. difficile in all settings</li> </ul>	<ul> <li>Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)</li> <li>Smoking cessation</li> <li>Identify patients at high-risk for developing kidney disease and improve outcomes</li> <li>Identify patients at high risk for diabetes –related complications and improve outcomes</li> </ul>	<ul> <li>Convene community coalitions</li> <li>Identify and promote optimal care for superutilizers</li> <li>Reduce community-based adverse drug events</li> </ul>	<ul> <li>Improve the mean total quality score</li> <li>Develop national baselines for healthcare related infections in nursing homes</li> <li>Reduce emergency department visits and readmissions of short stay residents</li> </ul>	

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

- Nation's most widely used healthcareassociated infection tracking system
- Identifies problem areas and measures progress of prevention efforts with the goal to ultimately eliminate healthcare-associated infections.



FREE Resource, Free Training, Free Database



#### Total NHSN Enrollment NHSN Enrollment Update (as of March 15, 2019)

- <u>6,774</u> Hospitals\*
- <u>7,450</u> Outpatient hemodialysis facilities
- <u>4,570</u> Ambulatory surgery centers (ASCs)

- <u>2,967</u> Long-term care facilities
- <u>21,761</u> Total healthcare facilities enrolled

\*This includes 469 long-term acute care hospitals and 360 free-standing inpatient rehabilitation facilities.

#### Rationale

- Leadership support
- Accountability
- Drug expertise
- Taking action
- Tracking antibiotic use and outcomes
- Reporting antibiotic use and resistance to staff
- Education



#### Rationale – Applicable Regulation

- F881 §483.80(a) Infection prevention and control program. The facility must establish:
  - An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
  - Tracking C. diff in National Healthcare Safety
     Network monitors outcomes of antibiotic use

#### **Response: C. diff Reporting & Reduction**



YouTube link: <u>https://youtu.be/-oRdxZztG3E</u>

#### The Goal: "Zero" C. diff Infections





# Surveillance: How are you currently tracking your C. diff infections?

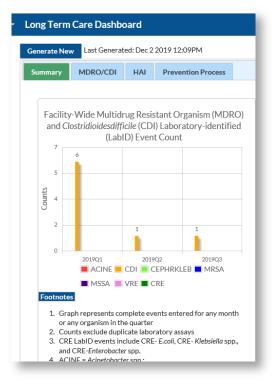
- On a napkin?
- In an Excel<sup>®</sup> spreadsheet?
- Using a "Days Since" app
- CDC's National Healthcare Safety Network (NHSN)
- How do you know when to take action?



#### **NHSN: Facility Summary Data**

Summary	Location	Event	Number of	Number of	No Events	Admissions	Number of
Year/Month		Туре	Resident	Resident		on C. diff	residents
			Days	Admissions		Treatment	started on
							antibiotic
							treatment
2018M04	FACWIDEIN	CDIF	3,096	17	Y	0	
2018M05	FACWIDEIN	CDIF	3,076	14	Y	1	
2018M06	FACWIDEIN	CDIF	2,981	19	Y	0	
2018M07	FACWIDEIN	CDIF	3,205	17	Y	0	
2018M08	FACWIDEIN	CDIF	3,289	27	Y	0	
2018M09	FACWIDEIN	CDIF	3,309	44	N	0	
20181009	FACWIDEIN	CDIF	3,309	41	N	0	•
2018M10	FACWIDEIN	CDIF	3,336	28	N	4	
2018M11	FACWIDEIN	CDIF	3,502	23	N	0	
2018M12	FACWIDEIN	CDIF	3,577	29	Y	0	
2019M01	FACWIDEIN	CDIF	3,641	22	Y	0	0
2019M02	FACWIDEIN	CDIF	3,184	20	Y		

#### **NHSN: Facility Dashboard**



#### **NHSN Enrollment: Commandments**

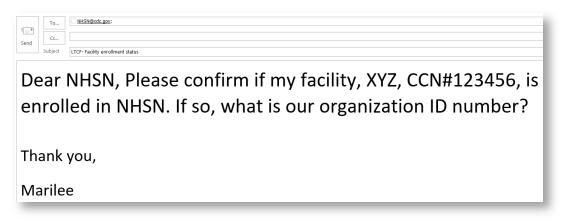
- Thou shalt choose thy NHSN facility administrator wisely:
  - Comfortable with technology
  - Can be anyone in your facility
  - Must complete enrollment using the timeline and be present at your facility for the next 3 months
  - The same person must register using a unique email address and use the same email throughout (cannot use generic or shared email addresses)
  - The same person who starts the registration process must finish the enrollment process





#### Before You Begin: Find Out if Your Facility is Enrolled

- Email NHSN at <u>nhsn@cdc.gov</u>.
- Do **NOT** re-enroll.



#### Overview

- 1. Email <u>nhsn@cdc.gov</u> to find out if your facility is enrolled.
- 2. If you are not enrolled, register your facility with NHSN
- 3. Apply for your personal SAMS card
- 4. Complete the annual survey form on paper
- 5. Electronic consent
- 6. Submit Annual Survey
- 7. Map locations
- 8. Confer rights to Alliant Quality & other entities as specified (State Health Dept.)



#### Time Requirement:

#### 2-3 weeks to complete enrollment

- ~15 minutes for days 1, 2, & 3
- A trip to a notary on ~day 3
- ~1 hour to complete the annual survey form on paper
- ~1 hour to consent, submit survey, map locations, confer rights after you receive your SAMS card

#### **NHSN Enrollment**

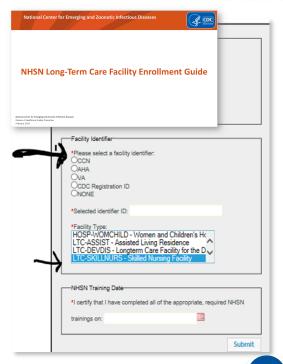
- Receive your "personal" SAMS card
- Log into SAMS portal
- Electronic consent
- Submit annual survey
- Confer rights to Alliant Quality



### Day 1: Facility Registration in NHSN

- ✓ Review the enrollment guide <u>https://www.cdc.gov/nhsn/pdfs/training/ltc/LTCF-</u> <u>Enrollment-training.pdf</u>
- ✓ Locate your CCN number (a six-digit Medicare #
- ✓ Register your facility with NHSN

https://www.cdc.gov/nhsn/ltc/enroll.html



Safety Network

#### Day 2: Your Personal SAMS application

- Register your info with SAMS
- Check your inbox for the invitation to register
- Set up your new password
- Save the password and security questions in

a safe place

#### Step 3a: Register with SAMS



From the '**Invitation to Register with SAMS**' email, login to <u>SAMS</u> with your username (i.e., email address) and temporary password provided. Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

Note: Users are encouraged to use the <u>NHSN LTCF Enrollment Guide</u> [PDF – 6 MB] to complete this step. The SAMS username and temporary password will expire *in 30 days*.

https://www.cdc.gov/nhsn/ltc/enroll.html

#### Important Tips!

Use your home address

- tip
- First & Last Name must appear exactly as it appears on your identity proofing document(s) (e.g., driver's license)
- Home address must appear exactly as it appears on your identity proofing document(s)

#### Day 3: Complete Your SAMS application

- Print out the Identity Verification Form
- Locate two (2) forms of approved identity
- Get the form notarized
- Submit using SAMS portal
  - Fax and mail-in information is also provided

#### Step 3b: Complete and Submit Identity Proofing Verification



From the 'Identity Verification Request' email, print the Identity Verification Form, complete it, and take it to a notary public for endorsement. Using the SAMS contact information in the e-mail, digitally upload, fax, or mail the completed form and supporting documentation.

Once your information is received and approved, you will receive 'SAMS Account Activation' and 'SAMS Activity Authorization' emails, followed by

receipt of your SAMS grid card, which will be delivered to your home address via U.S. mail. The approval process can take up to three weeks.

Note: Your SAMS grid card should be delivered to your home address via U.S. mail within 2 weeks after you receive your SAMS approval email. If you do not receive your SAMS grid card within two weeks, contact samshelp@cdc.gov for assistance.

#### **Choose Your Two Proofing Documents**

#### A List

- Driver's license
  - Not expired
  - Current home address\*
- US Passport (not expired)
- US Military ID

#### B List

- Employee ID Card that includes:
  - Your name
  - Your organization
  - Your photo
- Voter ID or Registration Card
- Certified Birth Certificate

### **Helpful Tips**

- Use a smart phone to take a clear picture of your driver's license
- Email/text the picture to your computer
- Print and save for later



#### **SAMS** Application

- Use the link provided in the emailed identity verification form to upload your documents.
- Sign in using the new password you created.
  - For step-by-step instructions on how to upload a document, please reference the SAMS proofing guide. (<u>https://auth.cdc.gov/sams/SAMSProofingGuide.pdf</u>)
  - Call SAMS help desk to confirm receipt and acceptance of documents. 1-877-681-2901

#### While you wait for your SAMS card

- Print the survey form and complete it
  - <u>https://www.cdc.gov/nhsn/forms/57.137\_LTCFSurv\_BLANK.pdf</u>
  - <u>https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-</u> <u>survey.pdf</u>
- Review the NHSN Manual (Add to your favorites)
  - <u>https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-manual-508.pdf</u>
- Review NHSN training materials on the website
  - https://www.cdc.gov/nhsn/ltc/index.html

#### **Create an NHSN Notebook**

• Instructions for reporting your *C.diff* data to NHSN



- <u>https://www.cdc.gov/nhsn/forms/57.142\_DenominatorLTCF\_BLANK.pdf</u>
- <u>https://www.cdc.gov/nhsn/forms/instr/57.142-toi-denominators-ltcf.pdf</u>
- <u>https://www.cdc.gov/nhsn/forms/57.138\_LabIDEvent\_LTCF\_BLANK.pdf</u>
- <u>https://www.cdc.gov/nhsn/forms/instr/57.138-toi-for-lab-id-event.pdf</u>
- <u>https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-labid-event-protocol\_current.pdf</u>

#### Check Your <u>Home</u> Mailbox

• Disclaimer... Wait for your SAMS card to arrive in your home mailbox





Call the help desk, 1-877-681-2901, if you have not received your card 7-10 days after you upload the documents

## ~Day 12: When the SAMS grid card arrives in your home mailbox...

- ✓ Log into SAMS using your grid card: <u>https://sams.cdc.gov</u>
- ✓ Complete Electronic Consent: use your name as both the NHSN facility administrator AND the LTCF primary contact
- ✓ Submit your annual survey
- ✓ Map facility locations
- ✓ Confer rights to Alliant Quality

### NHSN Login: https://sams.cdc.gov

#### You have two options:

SAMS grid card

xternal Partners	
SAMS Credentials	SAMS Grid Card
•	A         B         C         D         E         F         G         H         I         J           1         E         Q         X3         T         S         N         4         M         Q         1         2         E         3         C         1         6         7         2         A         T         S         N         4         M         Q         1         5         0         7         2         A         T         S         N         0         1         X         1         N         N         Q         1         X         1         X         1         X         1         X         N         1         X         X         1         X         1         X         X         1         X
SAMS Username	
SAMS Password	Click the Login button to sign on with a SAMS Grid Card
Login Forgot Your Password?	Login
Forgot Your Password? For External Partners who login with <u>only</u> a SAMS issued UserID and Password.	For External Partners who have been issued a SAMS Grid Card.

#### • Use your grid card

External Partners
SAMS Grid Card
Entrust
A B C O C F O H I J 1 E O X T S H 4 M O 1 2 E 3 K 4 J M 9 F 6 2 3 C 1 S M 3 J M 9 F 9 C 2 4 T W W 1 4 V 6 0 7 2 4 5 B 6 7 W 6 J S M F X 5 box* SAMS has assigned you CDC GRID card number: 42778 Please ensure this number matches the
serial number printed on the lower left of your card.
Grid Card <b>A4</b> : <b>A5</b> : <b>D5</b> :
Login
For External Partners who have been issued a
SAMS Grid Card.

#### **Begin Enrollment**



- Click NHSN Enrollment
- Select Enroll a facility
- Enter required information
  - (have your CCN number available)



- Must be done in one session!
- Refer to the NHSN Enrollment



#### Enrollment



Enter the NHSN Facility Administrator, which is the person enrolling the facility.

Facility Type Select Facility': LTC-SRULINURS - Skilled Nursing Facility Was this facility overational in the year prior to NHSN emotilement (i.e., last year)?* @ Yes No No NHSN Components Select Components Habitry Landery Component CHealthcare Personnel Safety Component Healthcare Personnel Safety Component	NH-SN Facility Administrator First Name* Test Middle Name* M Last Name* Telening × Title: Copy Address from Facility	The NHSN Facility Administrator is the person enrolling the facility
The email address must match the provided during SAMS registratio selected User ID is how you want identified in the NHSN applicat	n. The User ID*:	Continue ►

✓ Must be done in one session!

HELPFUL

Email <u>nhsn@cdc.gov</u> with questions (there is no phone number)

#### **Complete NHSN Enrollment**

- Submit the Annual Facility Survey forms.
- After you have successfully enrolled, you will receive an email to log into the NHSN web site.
  - Select NHSN Reporting and accept the Agreement to Participate and Consent.
  - Receive an email from NHSN, "NHSN Enrollment Approved."

### **NHSN Setup**



- Review slides:
  - <u>https://www.cdc.gov/nhsn/pdfs/ltc/Facility\_Set\_up\_slides\_LTCF\_v5\_Final\_with\_508\_3-2015.pdf</u>
- Map long-term care facility locations
- Confer rights to Alliant Quality
- Create monthly reporting plans
- Add users and assign rights

#### Summary



- Facilities are enrolled only once
- A SAMS grid card is required to complete enrollment and submit data. This is your personal card—not the facility's.
- The same person must complete the entire enrollment process.
- Follow the timeline to avoid delays
- Click this link to begin: <u>https://www.cdc.gov/nhsn/ltc/enroll.html</u>

### Start your enrollment now!

- Locate your CCN number (a six-digit Medicare #)
- Open the link below:
  - <u>https://www.cdc.gov/nhsn/ltc/enroll.html</u>

#### Step 2: Register Facility with NHSN

Read and agree to the NHSN <u>Rules of Behavior</u>. You will then be redirected to electronically register your facility with NHSN.

Note: The NHSN Facility Contact form [10] [PDF – 80 KB] may be used to manually collect required registration information prior to electronically entering the data into NHSN.

#### Time to complete step 2: 10 minutes

After registration, you will receive two emails: 'Welcome to NHSN!' (immediately from NHSN) and 'Invitation to Register with SAMS' (from SAMS-no-reply within 24 hours).

	Personal Information	L
	Personal Information	I.
	*First name:	ł
	*Last name:	I
	Middle name:	I
	*Email address:	I
	Facility Identifier	I
	Please select a facility identifier:	I
	Oaha Ova	I
	OCDC Registration ID ONONE	l
	*Selected identifier ID:	I
1	*Facility Type: HOSP-WOMCHILD - Women and Children's Hc LTC-ASSIST - Assisted Living Residence LTC-DEVDIS - Longterm Care Facility for the D LTC-SKILLNURS - Skilled Nursing Facility	
	NHSN Training Date	l
	*I certify that I have completed all of the appropriate, required NHSN	I
	trainings on:	l
	Submit	
		-

### Bringing it Home

#### **Contact Information:**

NHSN Team

- Enrollment and Reporting: email <u>nhsn@cdc.gov</u>
  - (there is no phone number)
- Main Website:
  - <u>https://www.cdc.gov/nhsn/i</u>
     <u>ndex.html</u>

SAMS Help Desk

- For problems with login
  - <u>https://sams.cdc.gov</u>
  - call: 877-681-2901
  - email:
     <u>samshelp@cdc.gov</u>

#### Thank you for your time!



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#### Upcoming Events Nursing Homes

 Understanding the Quality Measures and Drill Down to the Resident Level 2/18

#### **Community Coalitions**

 Engaging Your Community Based Organizations & Resources 1/23



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Publication No. 12SOW-AHSQIN-QIO-TO1NH-19-17



