

# Shop Talk For Data Submission into the NHSN COVID-19 Module *Infection Prevention "Surveillance, Tracking and Reporting" (STAR) Facilities*



September 2020

Presented by:

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Technical Advisor, Infection Prevention



# Disclaimer

- I do **not** work for NHSN, SAMS, CDC, or CMS.
- I am **not** the SAMS or NHSN help desk
- I **am** the technical advisor for infection prevention for Alliant Quality, the QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina and Tennessee

# Objectives

By the end of this session, you will be able to:

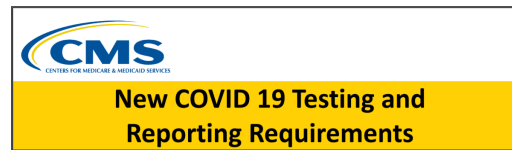
- Find, analyze and make edits to your data on the CMS website.
- Add new users, change the facility administrator, update your email address & apply for SAMS grid card.
- Understand recent updates for reporting cases of COVID-19 in NHSN to the workflow.

# Ground Rules

- Please mute your microphone
- Put questions in chat
- Contact me after the Webex for one-on-one assistance at [Marilee.Johnson@AlliantHealth.org](mailto:Marilee.Johnson@AlliantHealth.org)

# What's New: Testing Requirements & Toolkit

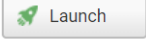
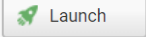
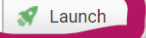
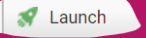
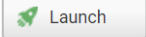
- <https://www.cms.gov/files/document/covid-ppt-nh-all-call.pdf>
- <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>



Toolkit on State Actions to Mitigate  
COVID-19 Prevalence in Nursing Homes

September 2020 Version 9

# CMS Targeted COVID-19 Training

<a href="#">CMS Long Term Care Journal Volume I – Pressure Ulcer Care</a>				⊘		
<a href="#">CMS Long Term Care Journal Volume II – Urinary Incontinence</a>				⊘		
<a href="#">CMS Targeted COVID-19 Training for Frontline Nursing Home Staff</a>	<p>CMS Targeted COVID-19 Training for Frontline Nursing Home Staff is intended to provide clinical staff members with best practices for containing and preventing the spread of COVID-19 in nursing homes. This training will aid you in prioritizing resident and staff health during the COVID-19 pandemic.</p>			⊘		
<a href="#">CMS Targeted COVID-19 Training for Nursing Home Management</a>				⊘		
<a href="#">Complaint &amp; Incident Intake for Long Term Care</a>				⊘		

[CMS Targeted COVID-19 Training for Nursing Home Management](#)

This Targeted COVID-19 Training for Nursing Home Management is intended to provide administrative staff members with best practices for containing and preventing the spread of COVID-19 in nursing homes. This training will aid you in prioritizing resident and staff health during the COVID-19 pandemic.

Training

Link: <https://qsep.cms.gov/welcome.aspx>

# What's New: NHSN FAQs



## LONG-TERM CARE FACILITY (LTCF) COVID-19 Module Frequently Asked Questions

### Contents

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Save this link to your  
favorites



[www.cdc.gov/nhsn/pdfs/covid19/lctf/lctf-covid-faq-508.pdf](http://www.cdc.gov/nhsn/pdfs/covid19/lctf/lctf-covid-faq-508.pdf)

# What's New: Questions 8/31/20

## IN-HOUSE, POINT-OF-CARE COVID-19 TESTING

Does the LTCF have an in-house point-of-care test machine (capability to perform COVID-19 testing within your facility)? ?? YES ?? NO

\*\*Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents? \_\_\_\_\_

\*\*Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel? \_\_\_\_\_

\*\*Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID-19 using the point-of-care test machine? ?? YES ?? NO



# What's New: Back-fill data



COVID-19

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

26 July 2020 - 05 September 2020

Record Complete Record Incomplete

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



**All 4 modules must be GREEN!**

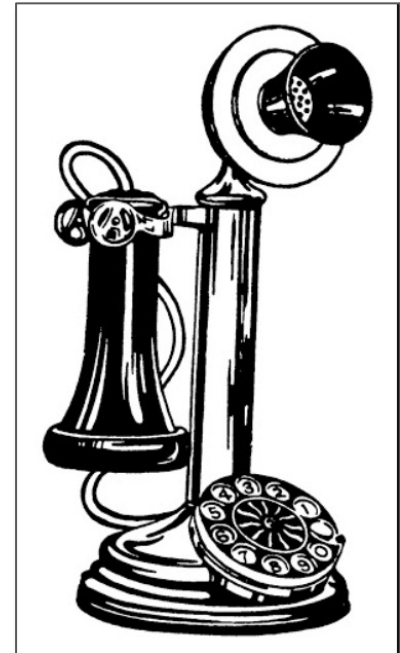
# Time for An Upgrade



## Enhanced Data Security Required for NHSN Access

- Email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and request SAMS Level 3 access

<https://www.cdc.gov/nhsn/ltc/COVID19/sams-access.html>



# NHSN Pilot: Did you receive this email?



From: [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov) <[sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov)>  
 Sent: Monday, August 24, 2020 12:42 PM  
 To: [REDACTED]  
 Subject: [External] CDC: SAMS Partner Portal - Identity Verification Request Form

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello [REDACTED],

A request has been made on your behalf to provide you with additional application access based upon your specific role in public health. Before you can access the SAMS Partner Portal, you will need to complete **additional** identity verification steps over and above any that you may have already completed.

*\*We apologize for any inconvenience you may incur and ask for your understanding and cooperation in our efforts to protect people's private data and prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will only be used to help determine your suitability for access and that this data will not be shared outside of CDC programs.*

**To complete identity verification, please print the form attached to this email message and follow the instructions provided below. The required steps are as follows:**

1. Complete the Applicant Section in the attached form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent: a Notary Public or person specifically designated by CDC to conduct identity verification, or a CDC employee. Have them verify your identity and complete the **'Proofing Agent / Notary'** Section. Acceptable forms of identification are listed in the table below:

**\*You must provide one (1) unexpired document from List A and one (1) additional unexpired document from List B. A copy of each ID must be included in your submission.**

List A - Primary Photo ID	List B - Secondary ID
Driver's license or ID card issued by a state or outlying possession of the US	Driver's license or ID card issued by a state or outlying possession of the US
U.S. Passport or U.S. Passport Card	U.S. Passport or U.S. Passport Card
U.S. Military ID	U.S. Military ID
U.S. Permanent Resident Card	U.S. Permanent Resident Card
U.S. Employment Authorization Card	U.S. Employment Authorization Card



# Polling Question

Have you checked the CMS data.gov website within the past week to make sure your data passed quality assurance?

- Yes
- No
- What site is that?

# Did *Your* Data Pass QA on data.cms.gov?

State	# Unique Facilities Not Passing QA for $\geq 1$ occurrence	% of Facilities Not Passing QA
Florida	108/688	16%
Georgia	63/280	23%
Louisiana	56/277	20%
Alabama	43/ 228	19%
North Carolina	50/424	12%
Kentucky	14/273	5%
Tennessee	18/316	6%
United States	973/15061	6%

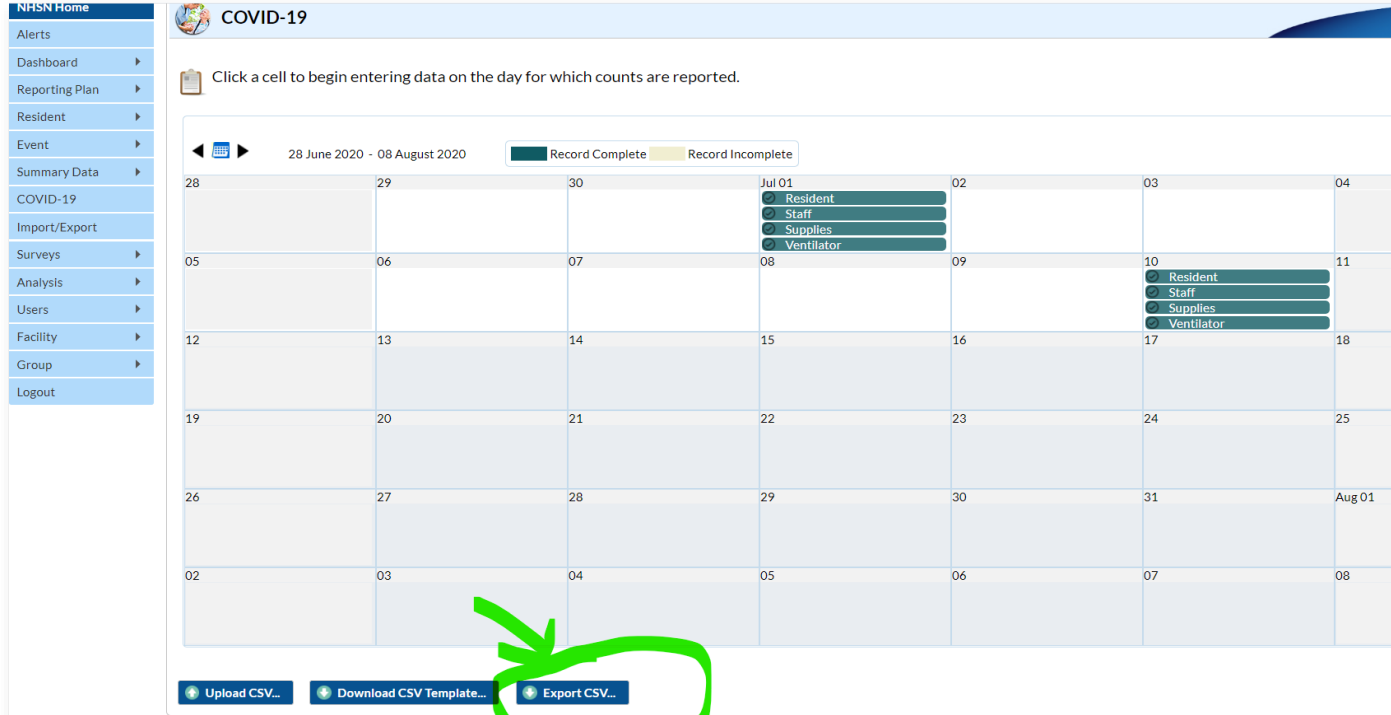
Data accessed  
09/10/2020 CMS  
website:  
[https://data.cms.gov/  
stories/s/COVID-19-  
Nursing-Home-  
Data/bkwz-xpvg](https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg)

# Incorrect Data Is Misleading

Week Ending	Provider Name	Submitted Data	Passed Quality Assurance Check	Residents Weekly Admissions COVID-19	Residents Total Admissions COVID-19	Residents Weekly Confirmed COVID-19	Residents Total Confirmed COVID-19	Residents Weekly Suspected COVID-19	Residents Total Suspected COVID-19	Residents Weekly All Deaths	Residents Total All Deaths	Residents Weekly COVID-19 Deaths	Residents Total COVID-19 Deaths	Number of All Beds	Total Number of Occupied Beds
5/24/2020	Facility xyz	Y	Y	0	0	0	0	0	0	0	0	0	0	83	47
5/31/2020	Facility xyz	Y	Y	0	0	0	0	0	0	0	0	0	0	83	49
6/7/2020	Facility xyz	Y	Y	0	0	0	0	0	0	0	0	0	0	83	49
6/14/2020	Facility xyz	Y	Y	0	0	0	0	0	0	0	0	0	0	83	50
6/21/2020	Facility xyz	Y	Y	0	0	1	1	0	0	0	0	0	0	83	49
6/28/2020	Facility xyz	Y	Y	0	0	6	7	0	0	0	0	0	0	83	47
7/5/2020	Facility xyz	Y	Y	1	1	9	16	0	0	1	1	1	1	83	44
7/12/2020	Facility xyz	Y	N	0	1	35	51	0	0	9	10	9	10	83	41
7/19/2020	Facility xyz	Y	N	0	1	45	96	0	0	5	15	5	15	83	41
7/26/2020	Facility xyz	Y	Y	0	1	0	96	0	0	5	20	5	20	83	41
8/2/2020	Facility xyz	Y	Y	0	1	0	96	0	0	1	21	1	21	83	39
8/9/2020	Facility xyz	Y	Y	1	2	0	96	0	0	2	23	1	22	83	40
8/16/2020	Facility xyz	Y	Y	0	2	0	96	0	0	0	23	0	22	83	39
8/23/2020	Facility xyz	Y	Y	0	2	0	96	0	0	0	23	0	22	83	41

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

# Data Quality Check- Where do I Start?



NHSN Home

COVID-19

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

28 June 2020 - 08 August 2020

Record Complete Record Incomplete

28	29	30	Jul 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	Aug 01
02	03	04	05	06	07	08

Resident  
Staff  
Supplies  
Ventilator

Resident  
Staff  
Supplies  
Ventilator

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

Log into  
NHSN.  
Export the  
CSV file of  
your data.  
Then review.

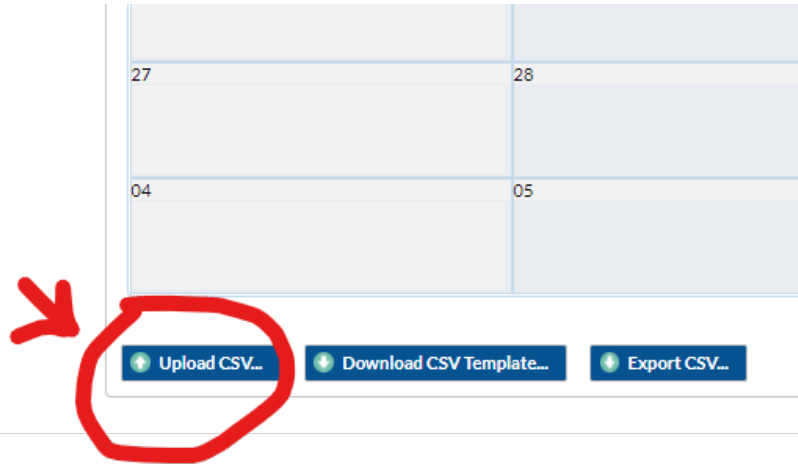


# NHSN Checkpoints: Inspect data

collectiondate	numresad mc19	numresconfc19	numressuspc19	numresdied	numresc19died	numitcfbeds	numitcfb edsocc	c19testin g	c19testin gstatehdl ab	c19testin gprivatela b	c19testin gottherlab
5/14/2020	0	0	0	0	0	120	116	Y	N	Y	N
5/21/2020	0	0	1	0	0	120	114	Y	N	Y	N
5/28/2020	0	0	0	0	0	120	110	Y	N	Y	N
6/4/2020	0	0	0	0	0	120	111	Y	N	Y	N
6/11/2020	0	0	0	0	0	120	113	Y	N	Y	N
6/16/2020	0	2	0	0	0	120	114	Y	N	Y	N
6/18/2020	0	5	0	0	0	120	112	Y	N	Y	N
6/20/2020	0	1	2	0	0	120	110	Y	N	Y	N
6/21/2020	0	2	1	0	0	120	108	Y	N	Y	N
6/22/2020	0	2	1	1	1	120	109	Y	N	Y	N
6/23/2020	0	12	1	0	0	120	108	Y	N	Y	N
6/24/2020	1	0	1	2	1	120	106	Y	N	Y	N
6/25/2020	0	1	2	2	0	120	106	Y	N	Y	N
6/26/2020	0	1	0	2	0	120	106	Y	N	Y	N
6/29/2020	0	0	0	4	2	120	100	Y	N	Y	N
6/30/2020	0	3	0	5	1	120	101	Y	N	Y	N
7/1/2020	0	7	4	5	0	120	100	Y	N	Y	N
7/2/2020	0	7	1	7	2	120	99	Y	N	Y	N
7/8/2020	0	31	0	7	0	120	96	Y	N	Y	N
7/9/2020	0	1	0	8	1	120	98	Y	N	Y	N
7/10/2020	0	0	0	9	1	120	95	Y	N	Y	N
7/13/2020	0	0	0	12	3	120	91	Y	N	Y	N
7/14/2020	0	5	1	12	0	120	88	Y	N	Y	N
7/15/2020	0	0	0	13	1	120	84	Y	N	Y	N
7/17/2020	0	0	0	13	0	120	84	Y	N	Y	N
7/22/2020	0	4	0	13	0	120	81	Y	N	Y	N
7/27/2020	0	0	0	15	2	120	81	Y	N	Y	N
7/29/2020	0	2	0	15	0	120	79	Y	N	Y	N
8/4/2020	0	0	0	16	1	120	84	Y	N	Y	N

**“Cumulative total”**  
died rather than  
**“new”** cases were  
submitted each day.

# Edit & Upload Your COVID-19 Data



It's magic, really!

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

<https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/fac-import-csv-508.pdf>

# Polling Question

Does your facility have more than 1 NHSN user?

- Yes
- No

# NHSN Hygiene

-If you get a new job, add a user to your current facility **before** you leave. *Karma is a real thing.*



# NHSN Hygiene

## Updating NHSN Facility Administrator in your Account

- ❑ Log into <https://sams.cdc.gov>
- ❑ Go to the home page
- ❑ Add the new administrator as a user: User>add>assign rights.
- ❑ Facility>Facility Info>Reassign
- ❑ Select the name of the administrator and Save.

\*Only a current NHSN Facility Administrator can reassign the Facility Administrator.

\*\*Reassign another staff person as the NHSN facility administrator before you leave your position.

	Contact Type	Contact Name	Phone No.	Email	Action
Edit	Long Term Care Facility Primary Contact	Betty Lou	919-867-5309	bl@gmail.com	Reassign
Edit	Facility Administrator	Jenny	919-867-5309	jenny@nh.com	Reassign

Update Back

# NHSN Hygiene: Add Users Campaign



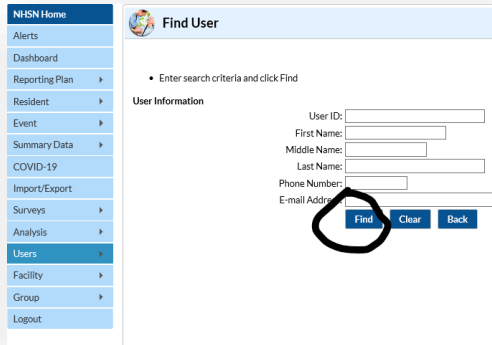
We want **YOU** to  
add users to your  
NHSN account!

<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/lctf-covid-faq-508.pdf>

# NHSN Hygiene- Add Users

*Hint: Check users.  
Users>find, then find  
again.*

- Users>Add.



NHSN Home

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

### Find User

• Enter search criteria and click Find

User Information

User ID:

First Name:

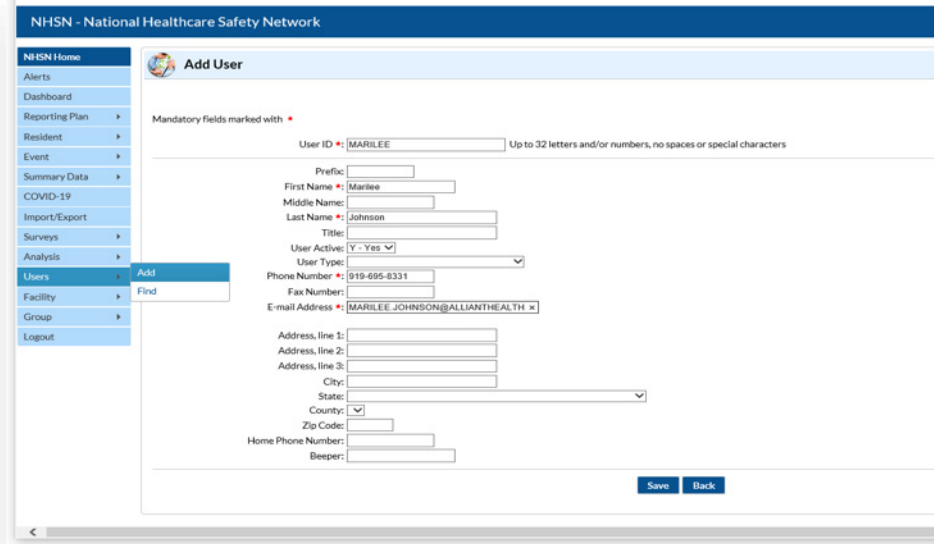
Middle Name:

Last Name:

Phone Number:

E-mail Address:

**Find** Clear Back



NHSN - National Healthcare Safety Network

### Add User

Mandatory fields marked with \*

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

Prefix:

First Name \*

Middle Name:

Last Name \*

Title:

User Active:  Yes  No

User Type:

Phone Number \*

Fax Number:

E-mail Address \*

Address, line 1:

Address, line 2:

Address, line 3:

City:

State:

Country:

Zip Code:

Home Phone Number:

Beeper:

**Add** Find Save Back

# NHSN Hygiene- Add Rights

## Edit User Rights

User ID: MJOHNSON (ID 246058)

Facility List:

[Redacted Facility List]

Rights	Long Term Care	
Administrator	<input checked="" type="checkbox"/>	
All Rights	<input checked="" type="checkbox"/>	
Analyze Data	<input type="checkbox"/>	
Add, Edit, Delete	<input type="checkbox"/>	
View Data	<input type="checkbox"/>	
Customize Rights	<input type="checkbox"/>	

Effective Rights Save Back

Advanced



# NHSN Hygiene -Add Users “Issues”



If you have added a user, and he/she did not receive an invitation email:

1. Double-check the email was entered correctly
2. Email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with the subject line: **LTCF-add user/invitation to register**. Include the email address, full name, & NHSN org id and request a new invitation to register.

## NHSN Team:

[nhsn@cdc.gov](mailto:nhsn@cdc.gov)

Website:

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

Subject Line Must Include

### **LTCF:**

LTCF-Add user

LTCF-COVID-19 Module question

LTCF-data

LTCF-Request Level 3 Access

## SAMS Help Desk

Login access:

[samshelp@cdc.gov](mailto:samshelp@cdc.gov)

phone: 877-681-2901

Portal:

<https://sams.cdc.gov>



# Stretch Goals

- Apply for your SAMS Grid Card to submit *C.diff* data and Hand Hygiene compliance
- Email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and request Level-3 SAMS access
- Monitor Hand Hygiene – 30 per month!
- Check your data on the CMS website!

<https://www.cdc.gov/nhsn/ltc/process-measures/index.html>

# Mark Your Calendar



## Shop Talk 3<sup>rd</sup> Thursday's at 2pm ET

October 22nd

<https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=cae31779520eda43dfb2e56e28e3e2746>

November 19<sup>th</sup>

<https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=e6e359afdf7b904eeb18c3d0b4fdcdcf>

December 17<sup>th</sup>

<https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=ef3db587c568677862303b52078baf7f9>

# Have You Pledged Your Commitment?

## Join Alliant Quality >1500 Facilities Strong



Kentucky 213	North Carolina 277
Tennessee 211	Georgia 261
Alabama 132	Florida 246

<https://www.alliantquality.org/news/space-agreement/>

The Southern Partners Action Collaborative for Excellence (SPACE) is a cooperative project between Alliant Quality and nursing homes. As a SPACE participant, your facility agrees to participate with Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), which is the Medicare QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee and their partners.

# Questions?

- Please put your questions in chat.



# Thank you for your time!



Marilee H. Johnson, MBA, MT (ASCP)  
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# Making Health Care Better Together



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@AlliantQuality



Alliant Quality

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1NH-20-306

