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

October 2020

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*≈*ALLIANT QUALITY

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

Objective: Adjust this ShopTalk to meet your needs.

Which topic is the highest priority for today's webinar?

- Check my data quality
- Edit my data
- Application for the SAMS Grid Card
- Adding Users and Rights
- Reassign the facility administrator







Ground Rules

- Please mute your microphone
- Put questions in chat
- Contact either Amy or me after the Webex for one-on-one assistance at <u>Marilee.Johnson@AlliantHealth.org</u> or <u>Amy.Ward@AlliantHealth.org</u>

Have You Pledged Your Commitment? Join Alliant Quality >1500 Facilities Strong



Kentucky 213North Carolina 277Tennessee 211Georgia 261Alabama 132Florida 246Louisiana 197

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.

Poll Results:

Which topic is the highest priority for today's webinar?

- ? Check my data quality
- ? Edit my data
- ? Application for the SAMS Grid Card
- ? Adding Users and Rights
- ? Reassign the facility administrator
- ? Understand case definitions to report accurately in NHSN

Application for the SAMS Grid Card



Look For This Email In Your Inbox

- Print this email and save in a secure place
- Do not delete the email

(The Fine Print: You will be in big trouble if you delete this email.)

From: sams-no-reply@cdc.gov Sent: Wednesday, September 16, 2020 9:36 AM To: johnson,marilee>marilee.johnson@allianthealth.org Subject: CDC: SAMS Partner Portal - Identity Verification Request Form

Hello Marilee Johnson,

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 begin using these new application(s), U.S. law requires that CDC conduct some *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 nonintrusive 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:

If you don't have the email from SAMS, request one...



*Level-3 = SAMS Grid Card



1.5	То	NHSN (CDC) <nhsn@cdc.gov>;</nhsn@cdc.gov>	Email NHSN to request
Eand	Cc		enhanced security.
Sella	Subject	LTCF-Enhanced Data Security	

Dear NHSN, Please send me an invitation to the SAMS portal for Level -3 access and NHSN LTC reporting. My name is Suzana Banana, email <u>suzban@email.com</u> and facility is Suzy's Nursing Home, org ID 99999.

Check Your Profile in SAMS

Legal name and home address (not your work address)

SAMS secure access manager	nent services
Menu	My Applications
🧱 My Profile	National Healthcare Safety Network System
🤷 Logout	NHSN Reporting *
Links	* Strong credentials required.
SAMS User Guide	
SAMS User FAQ	
Identity Verification Overview	

Tasks «	Modify My Identity Dat	ta
Home =	• = Required	
Cancel Email Change	Required fields are man	rked with a
Change My Password	First Name	Marilee
Modify My Identity Data	Middle Name	
View Email Change View My Roles Modify My	dentity Data	lohnson
	Preferred Name	Marilee
	Email N	Marilee.Johr

Welcome Shea G	raño		Logout
Registratio	n		
Please provide the Application Admini	following information to register with SAMS, a strator for approval. You will receive an email r	nd click Submit. Required fields are marked with a otification when your registration has been approve	ed asterisk (*). Your registration will be routed to a SAMS id and you have been granted access to SAMS.
User ID			
FirstName*			
Middle Name			
Last Name*			
Suffix		*	
-			
Home Addre			
Address Line #			
Address Line 2			
City"			
State*			
Postal Code*			
Country*	Please select a country	~	

Choose Your Two Proofing Documents A List B List

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

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

*Supply a utility bill with current address if different (not a cell phone bill) <u>https://www.cdc.gov/nhsn/pdfs/sams/sams-id-508.pdf</u>

Upload Your SAMS Application

Use the link located on Step 5 of your Identity verification form.



5. Submit the completed form via Upload or Fax, *along with photocopies of your identity documentation and any supplemental documentation needed*, to SAMS by following the instructions below.

To Upload a Scanned PDF:

You may upload a *single* PDF that includes all of your proofing documentation (form, scan(s) of identification, notary stamp, supplemental documentation, etc) by logging into SAMS using your SAMS username and recently established password. To upload a document visit the following link:

https://sft1-sams.cdc.gov/Proofing/Upload/upload.aspx

Verify SAMS Accepted Your Documents

 Contact the SAMS help desk to confirm your documents were received and will be approved.

samshelp@cdc.gov

phone: 877-681-2901

Check Your Data on the CMS Website



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

State	# Unique Facilities Not Passing QA for <u>></u> 1 occurrence	% of Facilities Not Passing QA	
Florida	113/688	16%	
Georgia	<mark>73</mark> /280	26%	
Louisiana	<mark>47</mark> /277	17%	
Alabama	47/228	21%	Thru Week ending
North Carolina	<mark>64</mark> /424	15%	9/27/20 CMS website: https://data.cms.gov/
Kentucky	<mark>22</mark> /273	8%	Special-Programs- Initiatives-COVID-19-
Tennessee	<mark>22</mark> /316	7%	Nursing-Home/COVID- 19-Nursing-Home- Dataset/s2uc-
United States	1702/15061	11%	8wxp/data

Data Not Passing QA is Not Counted

			Passed	Residents	Residents	Residents	Residents	Residents	Residents	Residents		Residents	Residen
			Quality	Weekly	Total	Weekly	Total	Weekly	Total	Weekly	Residents	Weekly	Total
Week	Provider	Submitted	Assurance	Admissions	Admissions	Confirmed	Confirmed	Suspected	Suspected	All	Total All	COVID-19	COVID-1
Ending	Name -	Data 🗸	Check	COVID-19	COVID-19 -	COVID-19 -	COVID-19	COVID-19 -	COVID-19	Deaths 🕞	Deaths 🕞	Deaths 🕞	Deaths
7/5/2020	Cara's Car	i <mark>N</mark>		0	0	0	0	0	0	0	0	0	0
7/12/2020	Cara's Car	Y Y	Ν	10	0	0	0	0	0	0	0	0	0
7/19/2020	Cara's Car	Y Y	Ν	5	0	10	0	0	0	0	5	5	5
7/26/2020	Cara's Car	Y Y	Ν	9	0	20	0	0	0	5	5	5	10
8/2/2020	Cara's Car	Y	Ν	0	0	<mark>30</mark>	10	0	0	5	5	5	15
8/9/2020	Cara's Car	Y Y	Ν	0	0	40	11 <mark>.</mark>	0	0	5	5	5	20
8/16/2020	Cara's Car	Y	Ν	0	0	0	22	0	0	5	5	5	25
8/23/2020	Cara's Car	Υ	Ν	0	0				0	5	5	5	30
8/30/2020	Cara's Car	Y Y	Ν	0	0 4	<u>l'in a r</u>	OW > 1	0	0	5	5	5	35
9/6/2020	Cara's Car	Y Y	N)	0	22	U	0	5	5	5	40
9/13/2 <u>020</u>	Cara's Car	Υ	N N	kecent	D	Toto		o incta		5	-	-	45
9/20/2	atr		N	ositive	S b	TOIC	al case	es iniste		0	>3 re	peat	ed
					, 	new		S					0.0
SL	Jbmiss	ion						5			numi	oers	

https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp/data



Data Quality Check- Where do I Start?

NHSN Home Alerts		炎 covid-	19					
Dashboard	•	-						
Reporting Plan	•	Click a cell	to begin entering data on the	day for which counts are re	ported.			
Resident	•							
Event	•	<►	28 June 2020 - 08 August 2020	Record Complete	Record Incomplete			
Summary Data	•	28	29	30	Jul 01	02	03	04
COVID-19					Resident Staff			
Import/Export					Supplies			
Surveys	•	05	06	07	08	09	10	11
Analysis	•						Resident Staff	
Users	•						Supplies	
Facility	•	12	13	14	15	16	17	18
Group	•							
Logout								
		19	20	21	22	23	24	25
		26	27	28	29	30	31	Aug 01
		02	03	04	05	06	07	08
		Opload CSV	Download CSV Template	Export CSV				

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



NHSN Checkpoints: Inspect data

ollectiondate	numresad mc19	numresconfc19	numressuspc19	numresdied	numresc19died	numltcfbeds	numltcfb edsocc	c19testin g	gstatehdl ab	gprivatela b	c19testin gotherlab	
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			
6/4/2020	0	0	0	0	0	120	111	Y	N			
6/11/2020	0	0	0	0	0	120	113	Y	N S			USIDIE DASEA
6/16/2020	0	2	0	0	0	120	114	Y	N			
6/18/2020	0	5	0	0	0	120	112	Y	N O	n c	Source 2	
6/20/2020	0	1	2	0	0	120	110	Y	N		0112034	
6/21/2020	0	2	1	0	0	120	108	Y	N	T	IN	
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								
6/30/2020	0	3	0	5				•			1.1	
6/30/2020 7/1/2020	0	3	0	5		Cumi	ılat	ive	tot	al"	died ro	other than
6/30/2020 7/1/2020 7/2/2020	0	3 7 7	04	5	"(Cumi	Jat	ive	tot	al"	died rc	ather than
6/30/2020 7/1/2020 7/2/2020 7/8/2020	000000000000000000000000000000000000000	3 7 7 31	041100	5 5 7 7	"	Cumi	lat	ive	tot	al"	died ro	other than
6/30/2020 7/1/2020 7/2/2020 7/8/2020 7/9/2020	000000000000000000000000000000000000000	3 7 7 31 1	0 4 1 0 0	5 5 7 7 8	"	Cumi new"	l at Ca	ive ses	tot we	al" ere s	died rc submitt	ather than ted each day
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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

Contact Information:

- CMS Data FAQs:
 - <u>https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-</u> datarelease-508.pdf
- Quality Assurance Rules:
 - <u>https://data.cms.gov/Special-Programs-Initiatives-</u> <u>COVID-19-Nursing-Home/Nursing-Home-Data-QA/bqa5-</u> <u>3dzf</u>

Email <u>NH_COVID_Data@cms.hhs.gov</u> & <u>nhsn@cdc.gov</u> for clarification

Reassign the NHSN Facility Administrator



NHSN Hygiene

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



NHSN Hygiene Option #1 Updating NHSN Facility Administrator in your Account

- Log into <u>https://sams.cdc.gov</u>
- 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.+ext	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 of

NHSN Hygiene-Option #2

When you are new and no one has access to NHSN at your facility

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

□ And submit email to <u>nhsn@cdc.gov</u> including:

- Facility Name, Address, Facility Org ID (5 digit number on your NHSN account), Current/Previous/Former NHSN administrator name, email, phone number and NEW NHSN administrator name, email, and phone number.
- Caution: Do not use the generic email. You must use a new and unique email address (<u>suzzie@nh.org</u>) NOT <u>admin@nh.org</u>

Do you know your NHSN ORG ID?



Marilee.Johnson@alliantquality.org

Ŧ

Select component:

Long Term Care Facility

Select facility/group:

Fac: NHSN 12 SOW LTC QIN-QIO Test Facility (ID 59979)





Add Users and Rights



NHSN Hygiene: Add Users Campaign

We want YOU to add users to your NHSN account!

https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/ltcf-covid-faq-508.pdf page 10

NHSN Hygiene- Add Users



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

NHSN Home		ind licer
Alerts		
Dashboard		
Reporting Plan	•	Enter search criteria and click Find
Resident		User Information
Event		User ID:
Summary Data		First Name:
COVID-19		Last Name:
Import/Export		Phone Number:
Surveys		E-mail Addrew
Analysis		Find Clear Back
Users		\mathbf{O}
Facility	•	
Group		
Logout		
	_	

• Users>Add.

NHSN Home		CA Add	User		
Alerts					
Dashboard					
Reporting Plan	*	Mandatory fie	Ids marked with		
Resident					
Event			User ID *:	MARILEE	Up to 32 letters and/or numbers, no spaces or special characters
Summary Data	022		Prefix		
Solution y Data			First Name *:	Marilee	
COMD-14			Middle Name:		
Import/Export			Last Name *:	Johnson	
Surveys			Title:	V . V	
Analysis			User Active:	1.105 *	
Users			Phone Number *:	919-695-8331	
Earilley		Find	Fax Number:		
Patinty			E-mail Address *:	MARILEE JOHNSON@ALLIA	ANTHEALTH ×
Group					
Logout			Address, line 1:		
			Address, line 2:		
			Address, line 3:		
			City:		× I
			County:	Y	
			Zip Code:		
			Home Phone Number:		
			Beeper:		
					Save Back

NHSN Hygiene- Add Rights





NHSN National Healthcare Safety Network

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 <u>nhsn@cdc.gov</u> 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, explain you did not receive one yet.

Change Your Email



How To Change Your Email Address 2 Step Process

- Change your email address in NHSN first
- At the home page, go to Users> Find>Find
- Click on your name, Then Edit, change your email address, then click Save.

Mandatory fields marked with *			
User ID *:	MJOHNSON	U	o to 32 letters and/or numbers, no spaces or special chara
Prefix:			
First Name *:	Marilee		
Middle Name:			
Last Name *:	Johnson		
Title:			
User Active:	Y - Yes		
User Type:			
Phone Number *:	919-695-8331		
Fax Number:			_
E-mail Address *:	MARILEE.JOHNSON@AL	LIANTQUALITY.	ORG

How to Change Your Email Address

Go to https://sams.cdc.gov >My Profile> Change my email>Submit



SAMS secure access management services							
Tasks	*	Change My Email					
Home Cancel Email Change Change My Email	-	• = Required					
		Current Email	Marilee.Johnson@alliantquality.org				
Change My Password Modify My Identity Data		•Change My Email To	Marilee.Johnson@alliantquality.org				
 View Email Change View My Roles 							

You will NOT be able to access NHSN until you complete the change in SAMS and both email addresses are the exact same.

(takes 2 days) Follow the prompts sent to your new email inbox.

Unable to Access NHSN/Forgot Your Password



NHSN Hygiene

**Clearing the cache:

- 1. Open Internet Explorer and then click on Tools.
- 2. Then click on Internet options.
- 3. Click the General tab, and then, under Browsing history, click Delete.
- 4. Select history, cookies, temporary internet files. Then click Delete.

Start a new session:

- 1. Select File and New Session in your Toolbar.
- 2. Instead of using your bookmarks or favorites enter <u>https://sams.cdc.gov</u> in your browser
- 3. Enter your SAMS password and credentials



NHSN Hygiene (continued)

- to HealthStream
- Don't log in with someone else's username and password.
- You will be prompted to change your password every 60 days.
- You must log in once a year or you will lose access.
- Click Log Out to exit NHSN. Then close your browser.
- If you forget your password, click "forgot your password" and follow the prompts.



Remember Your Security Questions?

Tasks <	K		
Home =	 Organization Name 	Alliant Quality	
 Cancel Email Change Change My Email 	Organization Role		
Modify My Identity Data	Organization A	ddress	
	•Address Line 1	1000 St Albans Drive	
View My Koles	Address Line 2	Suite 270	
	•City	Raleigh	
	•State	North Carolina	
	Postal Code	27609	
	 Country 	United States	
	 Primary Phone 	919-695-8331	
	Alternate Phone		
	Your answers to the Answers may not co	following questions will be used to verify your identity should y ntain any part of the question.	ou forget your pas
	Question:		Answer:
	•Q1	Your mother's middle name	•A1
	•Q2	Name of your third grade teacher	•A2
	•Q3	Month of your father's birthday	•A3
	•Q4	The first concert you attended	•A4 Amy Gran
	•Q5	Color of your first car 🗸	•A5 burgundy

Must type exact capitalization and spacing!

Don't

forget!

0

⁻ password

Grant

+

Reporting COVID-19 DATA



Data Reporting Rules

Refer to the NHSN Website for updated information:

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

Review the Table of Instructions and Pathway Forms for Each Pathway

What's New: NHSN FAQs

Save this link to your

favorites



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

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www.cdc.gov/nhsn/pdfs/covid19/ltcf/ltcf-covid-faq-508.pdf



NHSN Team: nhsn@cdc.gov Website: https://www.cdc.gov/nhsn/in dex.htm Subject Line Must Include LTCF: LTCF-Add user LTCF-COVID-19 Module question LTCF-data LTCF-Enhanced Data Security Access

SAMS Help Desk Login access: samshelp@cdc.gov phone: 877-681-2901 Portal: https://sams.cdc.gov

Polling Question

What are your biggest barriers now in NHSN?

- Data Quality
- Data Analysis
- Adding Users/Reassigning Facility Admin
- Knowing what to report
- Other, please specify

Upcoming Training

- **Title:** Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway
- Date: October 22, 2020
- **Time:** 11:00 AM 12:00 PM ET
- Join ZoomGov Meeting
- <u>https://cdc.zoomgov.com/j/1613111399?pw</u> <u>d=NjNCR0svMFk3N1JtUWhZVUxOT3YxUT09</u>

Recorded Training

- **Title:** Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway
- Date: October 23, 2020
- Time: 2:00 3:00 PM ET

Register in advance for this meeting: https://cdc.zoomgov.com/meeting/register/vJlsd-2orzooHuSyPRJ5icjmzTkwOlSrC1k

Mark Your Calendar

NHSN Training for POCT Pathway:

October 22nd at 11 am ET or October 23rd at 2 pm ET



Shop Talk 3rd Thursdays at 2pm ET:

November 19th

https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=e442c8623501 cd15e9f9d70a065c64241

December 17th

https://allianthealthgroup.webex.com/allianthealthgroup/onstage/g.php?MTID=ee09fb752f930 4300d77930d46eaf1e2e

Questions?

• Please put your questions in chat.



Thank you for your time!



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