

Shop Talk For Data Submission into the NHSN COVID-19 Module

New News & Updates for the Resident and Staff Pathways & Point of Care Testing



December 2020

Presented by:

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Technical Advisor, Infection Prevention

Disclaimer

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

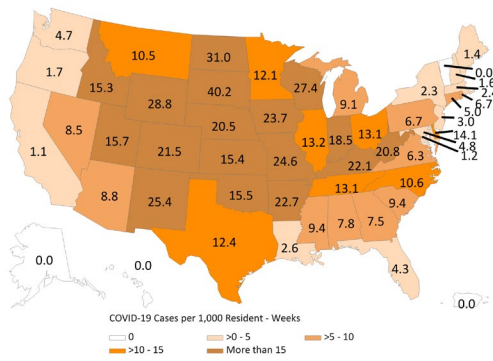
Topics:

- November 23rd Updates
- Understanding case definitions
- Data Quality Tips
- Confer Rights to Alliant Quality
- Q & A/ Office Hours /FAQs

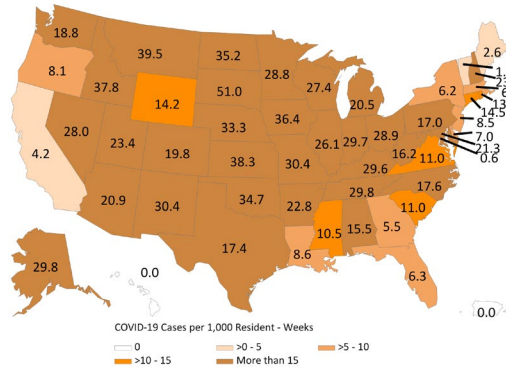
Ground Rules

- Please chat to Technical Support if you are having issues with WebEx.
- Put questions in **Q & A**, *not chat*.
- Contact either Amy or me after the Webex for one-on-one assistance at Marilee.Johnson@AlliantHealth.org or Amy.Ward@AlliantHealth.org

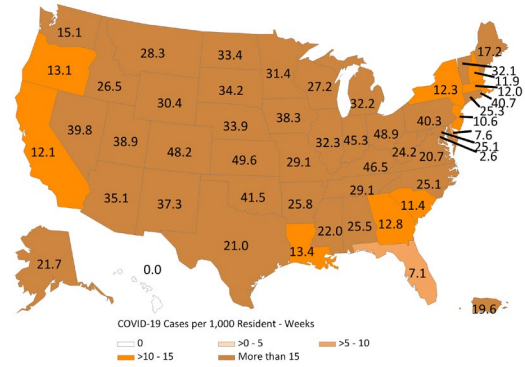
**Skilled Nursing Facilities, Confirmed Resident Cases per 1,000
Resident-Weeks, by CCN, Inferred Data
November 2-December 7**



11/02/2020



11/23/2020



12/07/2020

Inferred Data:

For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded from analysis.

COVID-19 New Cases: General Population & Nursing Homes

New Case Trends: General Population & Nursing Homes Residents (7-day)

● General Population ● Nursing Home Residents



Data Through: Nursing Home - Nov 22, 2020; Community - Dec 2, 2020 Sources: NHSN and Johns Hopkins University

Notes: Nursing Home data shown passed NHSN's Quality Assurance check.

<https://www.ahcancal.org/Data-and-Research/Pages/default.aspx>

FEATURED

Making Health Care Better

Alliant Quality is the quality improvement group of Alliant Health Solutions. We are a Medicare Quality Innovation Network-Quality Improvement Organization serving Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina and Tennessee.

START HERE

FEATURED

Making Health Care Better

WHAT ARE YOU LOOKING FOR?

Please make your selection based on your topic of interest.



TOPICS I'M INTERESTED IN

☐

National COVID-19 Resiliency Network (NCRN)

☒

Shop Talks (NHSN)

☐

COVID-19

☐

Decrease Opioid Misuse

☐

Chronic Conditions

☐

Immunizations

☐

Behavioral Health

☐

Nursing Homes

☐

Patients and Families

☐

Quality Payment Program

☐

Hospital Quality Improvement

☐

Infection Control

☐

Medication Safety

☐

Community Coalitions

☐

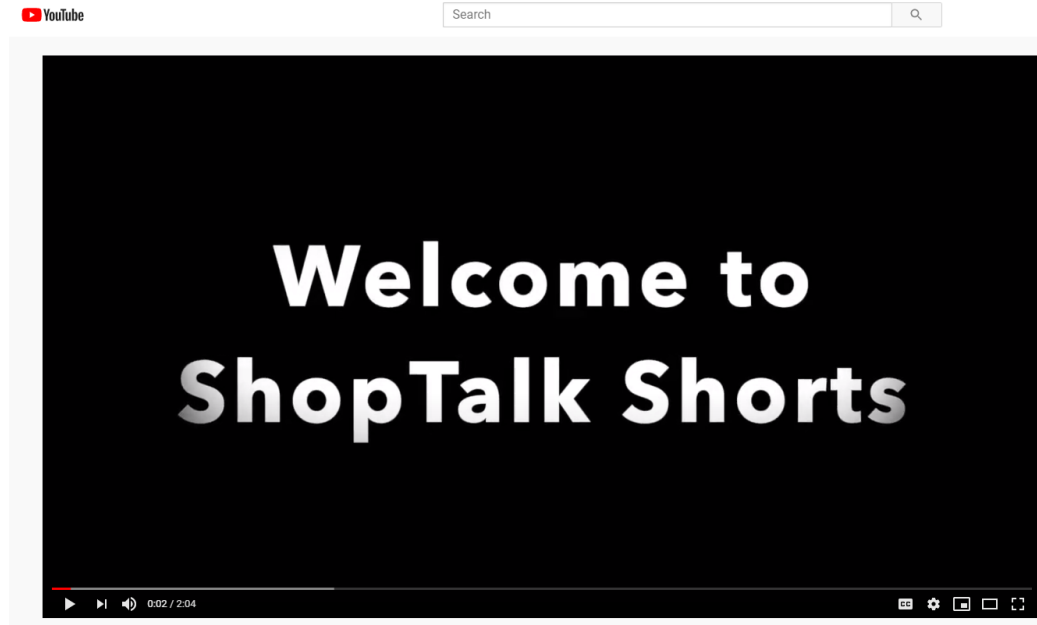
Quality Improvement Initiative

< CLOSE

VIEW TOPIC

View Current Topic

Shop Talk Shorts YouTube Channel



<https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLlIrrqcLGzXZPljIF>

Keeping Up with NHSN

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Long-term Care Facilities

LTCF COVID-19 Module

NHSN has received an unprecedented number of Secure Access Management Services (SAMS) inquiries. diligently to send SAMS identity verification invitations in the shortest timeframe possible. Please allow 1 business days for NHSN to reply to any email concerning SAMS.

Prior to reaching out to NHSN, please check spam folders and trash folders for an invitational email from possible that you have a SAMS level 3 invitation email from NHSN that is awaiting action. Look for an email subject line "SAMS Partner Portal - Identity Verification Request Form" from SAMS-no-reply@cdc.gov.

CDC's NHSN provides healthcare facilities, such as long-term care facilities (LTCFs), with a customized system to track infections and prevention process measures in a systematic way. Tracking this information allows facilities to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

The [NHSN Long-term Care Facility Component](#) is supporting the nation's COVID-19 response through the COVID-19 Module for LTCFs.

LTCF COVID-19 Module

- Reporting Pathways
- Point of Care Test Reporting Tool
- Resident Impact & Facility Capacity
- Staff & Personnel Impact
- Supplies & Personal Protective Equipment
- Ventilator Capacity & Supplies

Get Email Updates

To receive email updates about this page, enter your email address:

Email Address

[What's this?](#)

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

NEW!!!

Reporting Pathway Updates- **Nov. 23rd**

Resident Impact and Facility Capacity

- [COVID-19 Resident Impact and Facility Capacity Pathway Form \(57.144\)](#)
- [Table of Instructions \(57.144\)](#)
- **Staff and Personnel Impact**
- [COVID-19 Staff and Personnel Impact Pathway Form \(57.145\)](#)
- [Table of Instructions \(57.145\)](#)

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

Read The Forms Carefully



CMS Approved
OMB No. 0925-1306
Exp. Date 11/30/2020
www.cms.gov/nhsn

COVID-19 Module Long Term Care Facility: Resident Impact and Facility Capacity

Page 1 of 2

NHSN Facility ID: _____ CMS Certification Number (CCN): _____

Facility Name: _____ Facility Type: _____

*Date for which counts/responses are reported: ____/____/____ *Day of week: _____

Counts should be reported on the correct calendar day and include only the new counts (specifically, since counts were last collected). If the count is zero, a "0" must be entered as equivalent to missing data. NON-count questions should be answered during reporting week.

Facility Capacity

**ALL BEDS (enter on first survey only, unless the total bed count has changed since last reporting week): _____

*CURRENT CENSUS: Total number of beds that are occupied on the reporting date: _____

Resident Impact for COVID-19 (SARS-CoV-2)

ADMISSIONS: Number of residents admitted or readmitted from another facility diagnosed with COVID-19 and continue to require transmission-based precautions during the reporting week.

POSITIVE TESTS (previously called "Confirmed"): Number of residents with a positive test result.

**TEST TYPE: Of the number of reported residents above with a Positive Test, select the type of test used for each of the following:

- ___**Positive SARS-CoV-2 antigen test only [no other testing]
- ___**Positive SARS-CoV-2 NAAT (PCR) only [no other testing]
- ___**Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR) only
- ___**Any other combination of SARS-CoV-2 NAAT (PCR) and at least one positive test

* Only include if the two tests were performed within 2 days of each other.

Important: The total for Test Type should equal the total for Positive Test.

**RE-INFECTIONS: Of the number of reported residents above, how many were considered as re-infected?

___**SYMPTOMATIC: Of the number of reported residents with a positive test result, how many had signs and/or symptoms consistent with COVID-19?

___**ASYMPTOMATIC: Of the number of reported residents with a positive test result, how many had no signs and/or symptoms consistent with COVID-19?



November 2020

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Resident Impact and Facility Capacity Form (CDC 57.144)

Data Field	Instructions for Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-generated by the system.
CMS Certification Number (CCN)	Auto-generated by the computer. If applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	Auto-generated by the system based on the facility name previously entered during NHSN registration.
Date for which counts are reported	Required: Select the date on the calendar for which the counts and/or responses in the Resident Impact and Facility Capacity pathway apply. For example, if reporting the number of residents with positive SARS-CoV-2 (COVID-19) viral test results for specimens collected on Monday of the reporting week, Monday should be selected on the calendar as the day for which counts are being reported in the "Resident Impact and Facility Capacity" pathway.
Facility Type	Auto-generated based on the facility type selected during NHSN enrollment. Selections include: <ul style="list-style-type: none"> • LTC-ASSIST – Assisted Living Residence • LTC-DEVS – Long-term Care Facility for the Developmentally Disabled • LTC-SKILLNURS – Skilled Nursing Facility** **CMS Certified required for reporting *Includes both skilled nursing facilities and nursing homes Please see NHSN Guidance document for instructions on How to Correct Your Facility Type if this information is incorrect.
Date Created	Auto-generated based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. Note: The date and time will automatically generate after the "Save" button is selected and cannot be modified.

Important:

Counts should be reported on the correct calendar day and include only the new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.



CMS Approved
OMB No. 0925-1306
Exp. Date 11/30/2020
www.cms.gov/nhsn

COVID-19 Module

Long Term Care Facility: Staff and Personnel Impact

Page 1 of 2

NHSN Facility ID: _____ CMS Certification Number (CCN): _____

Facility Name: _____ Facility Type: _____

*Date for which counts/responses are reported: ____/____/____

Counts should be reported on the correct calendar day and include only the new counts (specifically, since counts were last collected). If the count is zero, a "0" must be entered as equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.

Staff and Personnel Impact

POSITIVE TESTS (previously called "Confirmed"): Number of staff and personnel with a positive test result.

**TEST TYPE: Of the number of reported staff and personnel above with a Positive Test, select the type of test used for each of the following:

- ___**Positive SARS-CoV-2 antigen test only [no other testing]
- ___**Positive SARS-CoV-2 NAAT (PCR) only [no other testing]
- ___**Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR) only
- ___**Any other combination of SARS-CoV-2 NAAT (PCR) and at least one positive test

* Only include if the two tests were performed within 2 days of each other.

Important: The total for Test Type should equal the total for Positive Test.

**RE-INFECTIONS: Of the number of reported staff and personnel above, how many were considered as re-infected?

___**SYMPTOMATIC: Of the number of reported staff and personnel with a positive test result, how many had signs and/or symptoms consistent with COVID-19?

___**ASYMPTOMATIC: Of the number of reported staff and personnel with a positive test result, how many had no signs and/or symptoms consistent with COVID-19?

COVID-19 DEATHS: Number of staff and facility personnel who died during the reporting week.

Staff and Personnel Impact for Non-COVID-19 (SAR)

INFLUENZA: Number of staff and facility personnel with a positive test result for influenza.

RESPIRATORY ILLNESS: Number of staff and facility personnel with a positive test result for respiratory illness, excluding COVID-19 and/or influenza (flu).

Assurance of Confidentiality: The voluntarily provided information obtained in this survey is confidential and will be held in strict confidence. It will be used only for the purpose of the survey.



November 2020

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Staff and Personnel Impact Form (CDC 57.145)

Data Field	Instructions for Form Completion
NHSN Facility ID #	The NHSN-assigned facility ID will be auto-generated by the system.
CMS Certification Number (CCN)	Auto-generated by the computer. If applicable, based on the CCN entered during NHSN registration or last updated, if previously edited. Please see NHSN CCN Guidance document for instructions on how to add a new CCN or edit an existing CCN.
Facility Name	Auto-generated by the system based on the facility name previously entered during NHSN registration.
Date for which counts/responses are reported	Required: Select the date on the calendar for which the counts and/or responses in the Staff and Personnel Impact pathway apply. For example, if reporting the number of staff with positive SARS-CoV-2 (COVID-19) viral test results for specimens collected on Monday of the reporting week, Monday should be selected on the calendar as the day for which counts are being reported in the "Staff and Personnel Impact" pathway.
Facility Type	Auto-generated based on the facility type selected during NHSN enrollment. Selections include: <ul style="list-style-type: none"> a. LTC-ASSIST – Assisted Living Residence b. LTC-DEVS – Long-term Care Facility for the Developmentally Disabled c. LTC-SKILLNURS – Skilled Nursing Facility** **CMS Certified required for reporting *Includes both skilled nursing facilities and nursing homes Please see NHSN Guidance document for instructions on How to Correct Your Facility Type if this information is incorrect.
Date Created	Auto-generated based on the first calendar date and time that a user manually enters and saves data or the date the facility first submits a CSV file for a specific pathway. Note: The date and time will automatically generate after the "Save" button is selected and cannot be modified.

Important:

Counts should be reported on the correct calendar day and include only the new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data. NON-count questions should be answered one calendar day during the reporting week.

Modification Details

1. **Suspected** removed as a data field and no longer a reporting option.
2. **Confirmed** data field name changed to **Positive Tests**. Variable name change only.
 - Must continue to report newly positive SARS-CoV-2 (COVID-19) viral test result from an antigen or PCR test performed regardless of test results from additional viral testing.
 - Pathway reporting is required even if reporting point-of-care test results to NHSN (POCT positive results are reported in 2 places)
3. **Test Type** added as a sub-set of *Positive Tests*. To capture COVID-19 viral test method(s) used.
4. **Re-Infections** added as a sub-set of *Positive Tests*. Defined as a new positive COVID-19 viral test result performed **more than 90 days** after an initial COVID-19 infection. **Symptomatic** added to capture the number of reported *Re-Infections* with signs and/or symptoms consistent with COVID-19 and positive viral test
5. **Asymptomatic** added to capture the number of reported *Re-Infections* without signs and positive viral test

Modification (Math Refresher)

6. *Test Type* must total to equal the number of reported *Positive Tests*

7. **Symptomatic + Asymptomatic** must total to equal the number of reported *Re-Infections*

– Add 0 if the count is zero

8	POSITIVE TESTS (previously called "Confirmed"): Number of residents with a new positive COVID-19 viral test result.
	**TEST TYPE: Of the number of reported residents above with a <i>Positive Test</i> , how many were tested using each of the following:
2	**Positive SARS-CoV-2 antigen test only [no other testing performed]
4	**Positive SARS-CoV-2 NAAT (PCR) [no other testing performed]
1	**[‡]Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
1	**[‡]Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test
	[‡] Only include if the two tests were performed within 2 days of each other . Otherwise, count first test only. Important: The total for <i>Test Type</i> should equal the total for <i>Positive Tests</i> .
0	**RE-INFECTIONS: Of the number of reported residents above with a <i>Positive Test</i> , how many were considered as re-infected?
	SYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i> , how many had signs and/or symptoms consistent with COVID-19?
	ASYMPTOMATIC: Of the number of reported residents with <i>Re-Infections</i> , how many did not have signs and/or symptoms consistent with COVID-19?
	TOTAL DEATHS: Number of residents who have died for <i>any</i> reason in the facility or another location: 2
1	**COVID-19 DEATHS: Of the number of reported <i>Total Deaths</i> , report the number of residents with COVID-19 who died in the facility or another location.

More Modifications

Resident Impact for Non-COVID-19 (SARS-CoV-2) Respiratory Illness	
	INFLUENZA: Number of Residents with new influenza (flu).
	RESPIRATORY ILLNESS: Number of Residents with acute respiratory illness symptoms, <u>excluding</u> COVID-19 and/or influenza (flu).

Resident Impact for Co-Infections	
	INFLUENZA <u>and</u> COVID-19: Number of residents with a confirmed co-infection with influenza (flu) <u>and</u> SARS-CoV-2 (COVID-19).

Non-COVID-19 (SARS-CoV-2) Respiratory Illness

8. **INFLUENZA:** Number of Residents with new influenza (flu).
Include lab positive only
9. **RESPIRATORY ILLNESS:** Number of Residents with **new onset of** respiratory illness symptoms, excluding positive lab tests COVID-19 and/or influenza (flu). Examples new cough, congestion, decrease in oxygen saturation.

Co-Infections

10. **INFLUENZA and COVID-19:** Number of residents with a confirmed co-infection with influenza (flu) and SARS-CoV-2 (COVID-19). Positive lab tests.

POC/ Non-POC Counts

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)?

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?

Pre-Nov 23rd...The
old days..

SARS-CoV-2 TESTING

Since the last date of data entry in the Module, has your LTCF performed SARS-CoV-2 (COVID-19) viral testing?

If YES, indicate counts of COVID-19 viral testing that were performed:

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

POCSTAFF: 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?

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

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

During the past two weeks, on average how long did it take your LTCF to receive SARS-CoV-2 (COVID-19) viral test results from NON point-of-care tests?

TESTINGSTAFF: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all staff and facility personnel within the next 7 days, if needed?

TESTINGRESIDENT: Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all current residents within the next 7 days, if needed?

Revised-Nov
23rd

One more...

COVID-19 is Now a Subset Total Deaths

Exp. Date 11/30/2020
www.cdc.gov/nhsn

Page 2 of 2	*Required to save; **Conditional
TOTAL DEATHS: Number of residents who have died <i>for any reason</i> in the facility or another location: _____	
_____ **COVID-19 DEATHS: Of the number of reported <i>Total Deaths</i> , report the number of residents with COVID-19 who died in the facility or another location.	

**COVID-19 DEATHS

Of the number of reported *Total Deaths*, report the number of residents with COVID-19 who died in the facility or another location.

COVID-19 Deaths: Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility **AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment.**

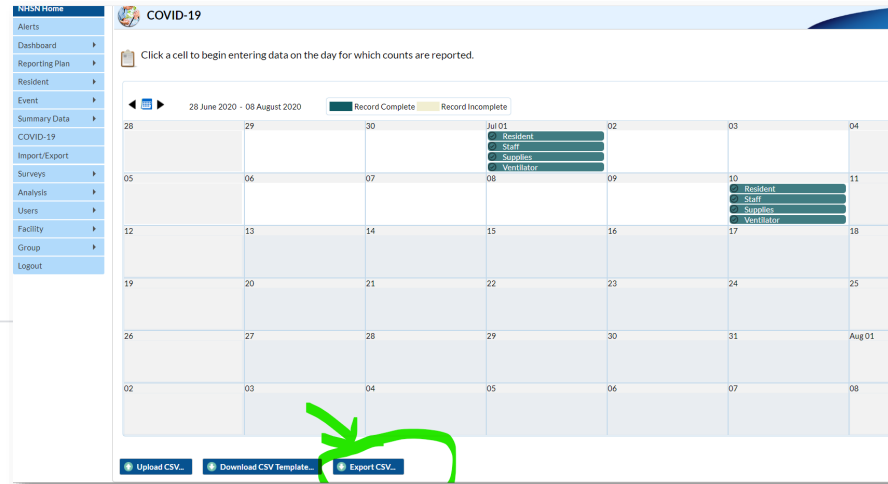
Conditional. Based on the number of submitted *Total Deaths*, report how many of the deaths were residents with either a positive COVID-19 viral test result, had signs and/or symptoms of COVID-19, or were on transmission-based precautions for COVID-19, as defined by the [CDC](#).

Notes:

- If the facility receives an autopsy result indicating a positive SARS-CoV-2 (COVID-19) viral test result for a resident who was not initially included in the *COVID-19 Deaths* count, previously submitted NHSN data must be edited to include the death in the *COVID-19 Deaths* count. The edited date must reflect the date of death.
- The *COVID-19 Deaths* count cannot be higher than the *Total Deaths* count in a reporting period.
- **Residents discharged from the facility are excluded from the count.**

Data Quality Assurance Review

Review Your NHSN Data Each Week and Compare to CMS Website



Data.CMS.gov

COVID-19 Nursing Home Dataset

The Nursing Home COVID-19 Public File includes data reported by nursing homes to the CDC's National Healthcare Safety

Week En...	Federal ...	Provider...	Provider...	Provider...	Provider...	Provider...	Submitt...	Passed
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Weekly Data Entries are Missing

Submitted Data	N								
Passed Quality Assurance Check	(All)								
Count of Facilities	Column Labels								
	May	Jun	Jul	Aug	Sep	Oct	Nov	Grand Total	
Row Labels									
AL	9	9	30	3	2	8	21	82	
FL	96	23	20	24	17	10	60	250	
GA	22	11	5	8	8	3	35	92	
KY	41	13	8	15	10	8	32	127	
LA	13	6	6	10	3	2	34	74	
NC	17	5	2	2	2	2	30	60	
TN	13	6	4	7	4	5	18	57	
Grand Total	211	73	75	69	46	38	230	742	

NHSN Data on CMS website as of Nov 29, 2020

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

State	Unique facilities# Not Passing QA \geq 1 week
Florida	224/688
Georgia	31/280
Louisiana	97/277
Alabama	84/ 228
North Carolina	124/424
Kentucky	82/273
Tennessee	79/316

Verify your data in NHSN, then email to NH_COVID_Data@cms.hhs.gov and nhsn@cdc.gov and request your flags to be removed.

Instructions:

https://www.alliantquality.org/wp-content/uploads/2020/10/October-ShopTalk_12SOW-AHSQIN-QIO-TO1NH-20-345_508.pdf

Thru Week ending **11/29/20** CMS website: <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp/data>

Check Your Data

Confirmed Resident Cases																	Confirmed Staff Cases										Potential Outbreak Alerts			Potential Data Quality Issues	
	9/14-9/20	9/21-9/27	9/28-10/4	10/05-10/11	10/12-10/18	10/19-10/25	10/26-11/01	11/02-11/08	9/14-9/20	9/21-9/27	9/28-10/4	10/05-10/11	10/12-10/18	10/19-11/25	10/26-11/01	11/02-11/08	Status	Resident Alert	Staff Alert	Resident Case_Alert	Resident Pathway	Staff Pathway									
NH1	0	0	0	0	0	15	13	0	2	2	0	2	4	24	6	3	OT	0	0	N	5	Y	N								
NH2	0	0	3	12	2	11	18	9	0	0	3	5	0	3	6	5	OT	0	0	N	4	Y	N								
NH3	19	13	21	14	12	9	2	0	5	9	4	9	0	5	4	0	OT	0	0	N	1	Y	Y								
NH4	0	0	0	0	0	20	45	9	0	0	0	0	0	2	11	22	OT	0	0	N	1	Y	Y								
NH5	0	1	0	0	19	15	10	2	0	1	0	2	5	16	15	6	OT	0	0	N	8	Y	Y								
NH6	0	0	0	0	0	0	11	5	0	0	0	0	12	4	2	1	OT	0	0	N	5	Y	Y								
NH7	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	OT	0	0	N	3	N	Y								
NH8	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	0	IT	0	0	N	2	N	Y								

- 2 or more in a row > 10
- 2 of the same numbers entered sequentially

Data Quality in NHSN

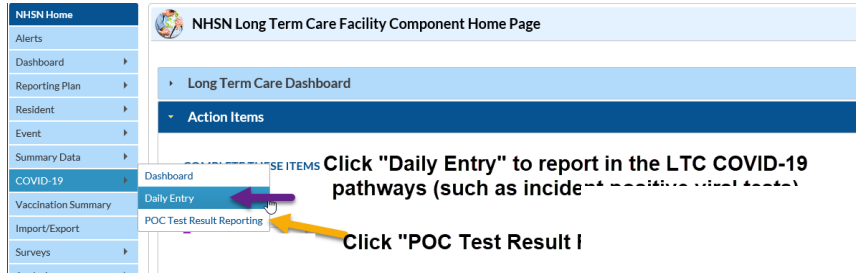
*Is data plausible
based on census?*

1. **Download** your data each week in NHSN to double check for errors
2. 2 data submissions in a row >10 [20,15]
3. 3 data submissions that are consecutive or sequential [2,2,2][1,2,3,]

TIP: Data is uploaded to the CMS website on Sunday night....and available to view 11 days later on Thursday.

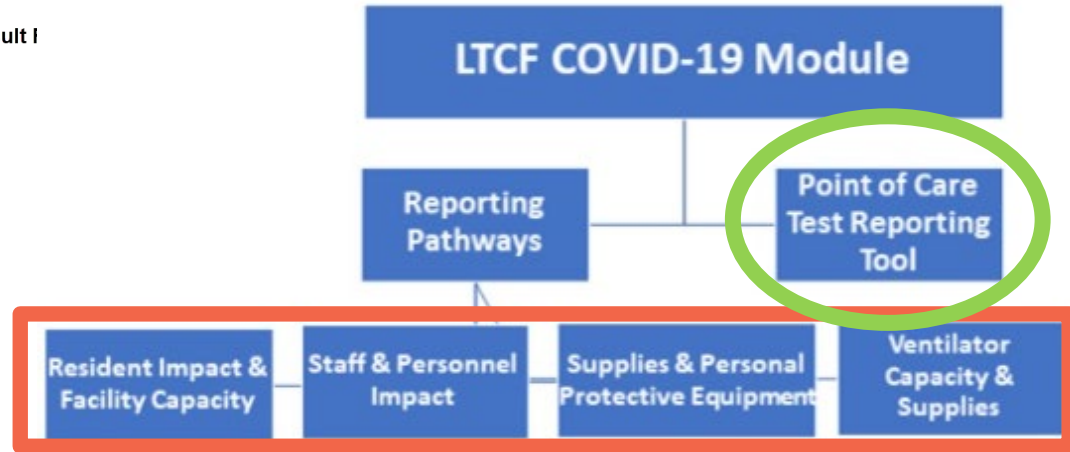
Refresher & Recap

When-What-Where Do I Report?



Daily Entry
Pathways – At
least weekly
mandate

POCT- within
24 hours



What Rights Do I Have?

1



MJOHNSON
NHSN 12 SOW LTC QIN-QIO T...

Welcome MJOHNSON
NHSN 12 SOW LTC QIN-QIO Test Facility
(ID: 59979)
LTCF component

NHSN Home

My Info

Settings

Log Out

Edit

Effective Rights

Back

3

Number:

Operator:

Save

Deactivate

Edit Rights

Effective Rights

Back

4

Rights

Long Term Care

Administrator



All Rights



Analyze Data



Add, Edit, Delete



View Data



Staff - Add, Edit, Delete



Staff - View



Customize Rights

Effective Rights

Save

Back

Data Submission Clarification

~Data on Each Day

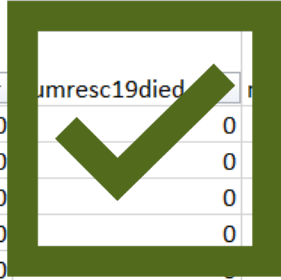
Important:

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[Table of Instructions 57.144](#)

Daily Counts

collectiondate	numresadmc19	numresdied	numresc19died
11/24/2020	0	0	0
11/25/2020	0	0	0
11/26/2020	0	0	0
11/27/2020	0	0	0
11/28/2020	0	0	0
11/29/2020	1	1	1
11/30/2020	0	0	0
12/1/2020	0	0	0
12/2/2020	0	0	0
12/3/2020	1	0	0
12/4/2020	0	0	0
12/5/2020	0	0	0
12/6/2020	0	1	0
12/7/2020	0	0	0
12/8/2020	1	0	0
12/9/2020	0	0	0



collectiondate	numresadmc19	numresdied	numresc19died
11/25/2020	0	0	0
11/27/2020	0	0	0
11/30/2020	0	2	2
12/4/2020	0	2	2
12/7/2020	0	2	2



29 November 2020 - 09 January 2021

Record Complete Record Incomplete

29 Resident Staff Supplies Ventilator	30 Resident Staff Supplies Ventilator	Dec 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

Daily Calendar

NHSN - National Healthcare Safety Network

MJOHN
NHSN 12

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Event

Summary Data



COVID-19



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



29 November 2020 - 09 January 2021

Record Complete

Record Incomplete

20

21

22

23

24

28

29

30

31

03

04

05

06

07



Upload CSV...



Download CSV Template...



Export CSV...

CSV File to Track Your Data

- [Resident Impact and Facility Capacity Template](#) – November 23, 2020
- [Staff and Personnel Impact Template](#) – November 23, 2020

SAMS Level 3 Invite Message

NHSN Notification Message

LTCF

Important Message

Attention: Existing NHSN Users Increasing LTCF SAMS Level Access to NHSN

1. Please carefully review all guidance for SAMS Level 3 access:
<https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html>
2. If you have not received your SAMS Level 3 invite, please check your junk mail or spam folder. Look for an email with the subject line "SAMS Partner Portal - Identity Verification Request Form" from SAMS-no-reply@cdc.gov.
3. Please avoid taking the following actions as it increases our backlog and delays our response time to all users:
 - a. Existing users please do not send multiple Level 3 access email requests to nhsn@cdc.gov. Once you have a confirmation email with a ticket number, we have your request and sending further generate emails will only increase our backlog.
 - b. Facility administrators please do not request further increase the SAMS Level 3 access for your existing Level 3 access.



Thu 12/3/2020 5:06 PM

nhsn@cdc.gov

[External]Re: LTCF-Data /QA/ Please remove flags - Thank you, NHSN has received your inquiry

Ticket# KC3I165815

To ☐ Marilee Johnson

Phish Alert V2

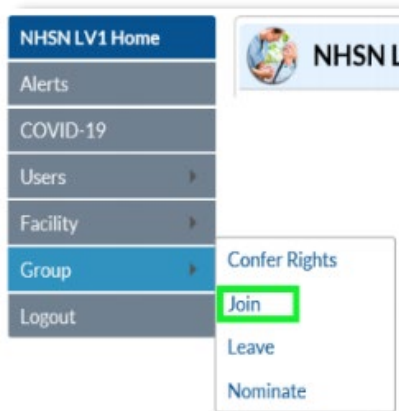


**Join Alliant
Quality's Group in
NHSN**

Join & Confer Rights to Alliant Quality

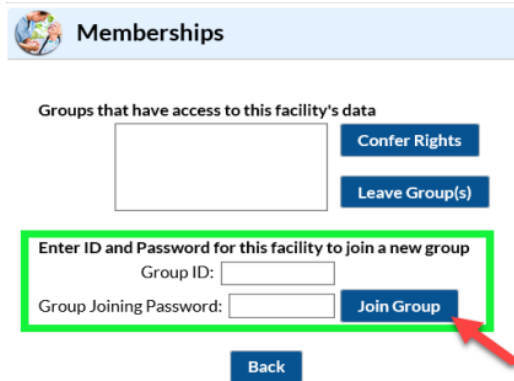
Group Name: Alliant Quality-LTC

Group ID: 83378 **Joining Password:** Alliant20!



NHSN LV1 Home

- Alerts
- COVID-19
- Users
- Facility
- Group**
 - Confer Rights
 - Join**
 - Leave
 - Nominate
- Logout



Memberships

Groups that have access to this facility's data

Confer Rights

Leave Group(s)

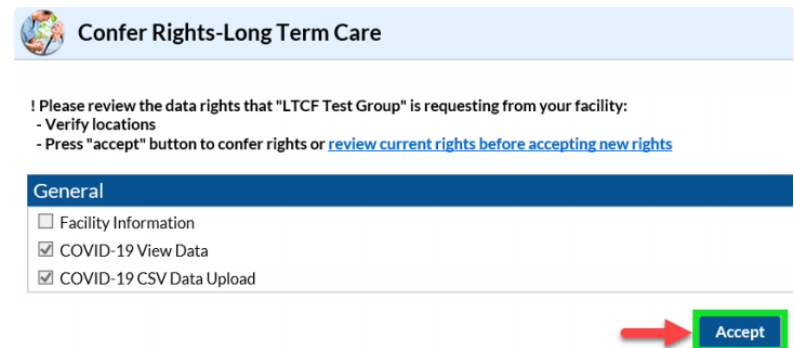
Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

Join Group

Back



Confer Rights-Long Term Care

! Please review the data rights that "LTCF Test Group" is requesting from your facility:

- Verify locations
- Press "accept" button to confer rights or [review current rights before accepting new rights](#)

General

- ☐ Facility Information
- ☒ COVID-19 View Data
- ☒ COVID-19 CSV Data Upload

Accept

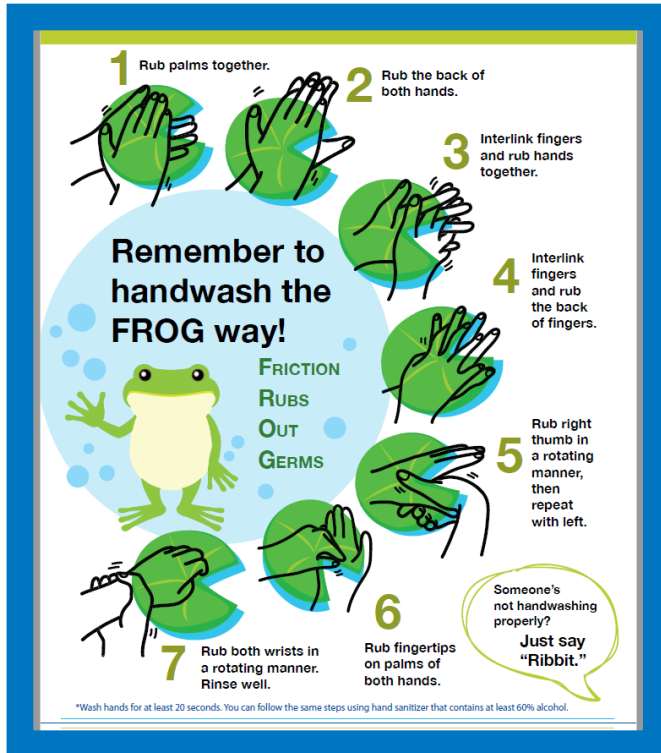
https://www.alliantquality.org/wp-content/uploads/2020/12/TO1_NHSNGroups_12SOW-AHSQIN-QIO-TO1NH-20-391_508.pdf

Have You Completed the CMS Targeted COVID-19 Training?

CMS Long Term Care Journal Volume II – Urinary Incontinence		
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff	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.	
CMS Targeted COVID-19 Training for Nursing Home Management		
Community Mental Health Centers Basic Training		
Complaint & Incident Intake for Long Term Care		

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

New Hand Hygiene Poster & Badge



<https://www.alliantquality.org/topic/hand-hygiene/>

Mark Your Calendar

New NHSN Module Training



Topic: New Weekly COVID-19 Vaccination Data Reporting for Long-term Care Facilities

Date: Dec 22, 2020

Time: 1:30 – 2:30 PM EST

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_MUdg4fyyTACFSXjt9gOeTw

Mark Your Calendar!



Shop Talk 3rd Thursdays at 2pm ET:

January 21st 2020: <https://bit.ly/3oTETiW>

February 18th 2020: <https://bit.ly/37n28vT>

Visit our website for More info:

<https://www.alliantquality.org/shop-talks/>

Special Guest

We invite you to stay on the WebEx for a question-and-answer session. Please submit your questions into the Q & A box.

Angela Anttila

PhD, MSN, NPC, CIC

Nurse Epidemiologist

CACI, subcontractor to Leidos/Contractor
for the National Healthcare Safety Network
(NHSN)

Surveillance Branch

Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic
Infectious Diseases
Centers for Disease Control and Prevention



Questions?

- Please put your questions into the **Q & A**.



Thank You for Your Time!

Contact the Patient Safety Team



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