

Shop Talk: NHSN Updates & Technical Assistance

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the ‘Technical Support’ Panelist
- Please actively participate in polling questions that will pop up on the lower right-hand side of your screen

We will get started shortly!



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

Shop Talk: COVID-19 Vaccine Data Submissions into NHSN



June 17, 2021

Presented By:

Marilee Johnson, MBA, MT (ASCP)

Infection Prevention Technical Advisor



Marilee Johnson, MBA, MT (ASCP)

INFECTION PREVENTION TECHNICAL ADVISOR

Marilee is a health professional with experience in public health epidemiology, infection prevention, and clinical microbiology. Recently, she worked with nursing homes through a national CDC project to reduce *C. difficile* infections. She continues to support nursing homes with reporting infections into the National Healthcare Safety Network and reducing health acquired infections.

Marilee loves gardening, hiking, reading, yoga, and spending time with her family.

marilee.johnson@allianthealth.org



Amy Ward, MS, BSN, RN, CIC

INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing healthcare associated infections across the continuum of care.

Amy enjoys spending time with family. She loves all the time she can get outdoors camping, bicycling and running.

Contact:

Amy.Ward@AlliantHealth.org



Objectives

At the end of this session, the participant will be able to:

- Understand the expectations & timeline of the new mandate to submit the therapeutic treatment data and COVID-19 vaccine rates for staff and residents into NHSN.
- Calculate the vaccine rate for your facility using NHSN.
- Submit COVID-19 vaccine data for staff and residents into NHSN correctly.
- Join the Alliant Quality NHSN Data group.

New to LTCF Infection Prevention & NHSN?

Bookmark These Pages:

- ❑ NHSN Website: <https://www.cdc.gov/nhsn/index.html>
- ❑ LTCF COVID-19 Module: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- ❑ Point of Care Testing Reporting Tool FAQs: <https://www.cdc.gov/nhsn/pdfs/covid19/ltc/lcf-poc-faq-508.pdf>
- ❑ COVID -19: Vaccine Reporting: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- Need Access to NHSN? Contact the current NHSN administrator at your facility. If you know one has access at your facility [Review These Shop Talk Shorts](#) for FAQs.

Have you Registered to Get Updates from NHSN?

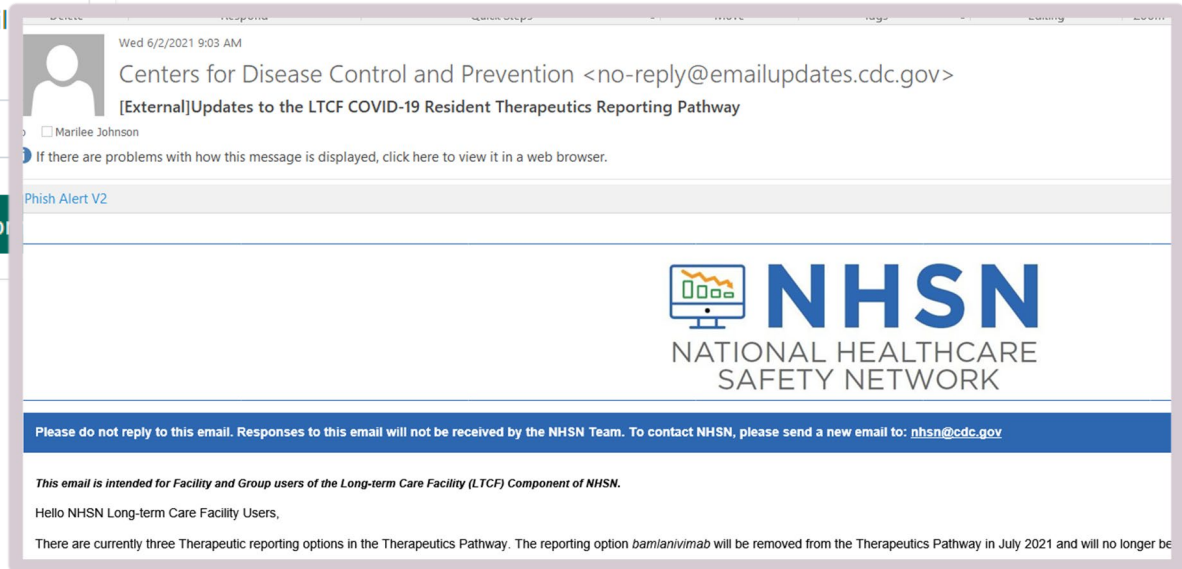
Get Email Updates

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

Email Address

[What's this?](#)

Sub



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

Recent Updates



4-27-2021 <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

5-6-2021 <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

5-11-2021 <https://www.cms.gov/files/document/qso-21-19-nh.pdf> (vaccination data in NHSN and Education documentation)

5-2021 - Updated COVID-19 Vaccine Data Collection Form and Instructions & CSV File & ***Updated Vaccine Tracking Excel Sheets to Include J&J and Unspecified Vaccines.***

<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

6-2021 Updated [COVID-19 Resident Therapeutics Reporting Pathway pdf icon\[PDF – 3 MB\]](#)

6-10-2021 OSHA issued an emergency temporary standard to protect healthcare workers from contracting coronavirus. <https://www.osha.gov/coronavirus/ets>
webinar link: <https://spice.unc.edu/webinars/>

6-10-2021 Updated to include Vaccine rate data on CMS website

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

NHSN Reporting Pathways

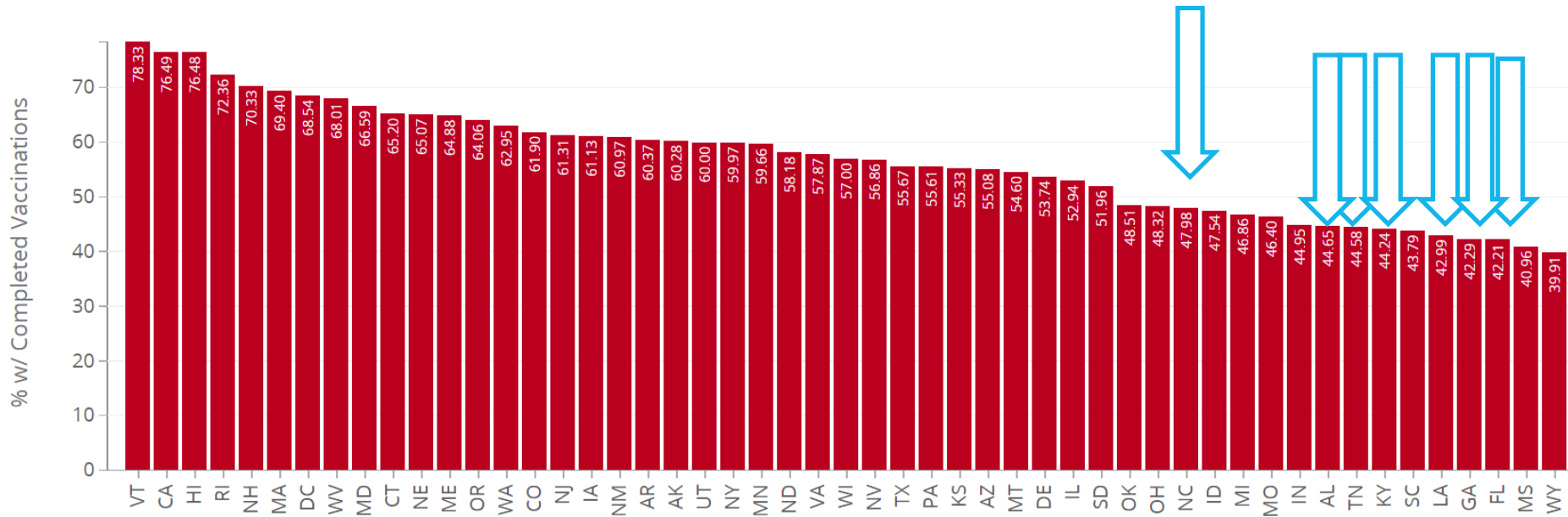
- CMS Required Pathways
 - Staff and Personnel Impact
 - Resident Impact
 - Supplies & PPE
 - Ventilator Capacity and Supplies
 - COVID-19 Therapeutics
 - COVID-19 Vaccination for HCW and Residents
- Optional Pathways (Strongly Encouraged)
 - Influenza Vaccination
 - POC Testing

Weekly reporting
(within 7 days)
except POC testing
required within 24
hours of result

New

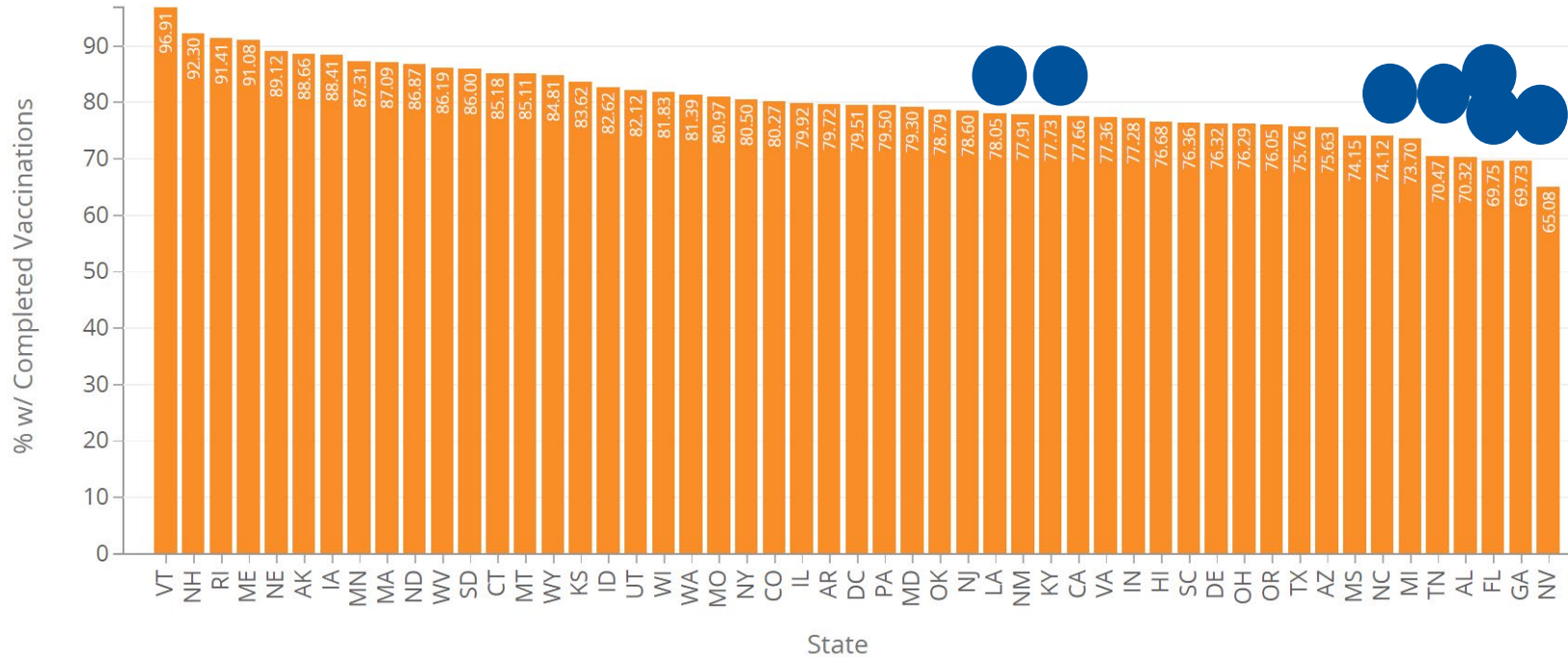
Nursing Home Staff COVID-19 Vaccination Data

June 10th-NHSN (prior to mandate)



Nursing Home Residents COVID-19 Vaccination Data

June 10th NHSN data (prior to mandate)



Did YOUR facility Make “The List?”

Facilities with 75% or more of staff vaccinated are *listed on the CMS website*

Provider Name	Provider City	Provider State	Provider Phone Number	Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed Vaccination at Any Time	% of Current Healthcare Personnel who Received a Completed Vaccination At Any Time, As Reported This Week
	OCALA	FL		24	100.00%
	VERO BEACH	FL		60	100.00%
	PORT SAINT LUCIE	FL		1	100.00%
	LAWRENCEVILLE	GA		131	100.00%
	CHARLOTTE	NC		88	100.00%
	DELAND	FL		46	97.87%
	HANCEVILLE	AL		243	96.81%
	NEW ORLEANS	LA		68	90.67%
	ANDERSONVILLE	TN		27	90.00%

CMS posts facility COVID-19 vaccination rate for staff & residents on Thursdays...along with all the other COVID-19 case data

Tips to Reduce Errors for Vaccine Rates

- Use the NHSN tracking sheet
- Ensure you read the description requirements for each column
- Make sure you select the correct date to report.
THIS WILL CHANGE YOUR DATA ON THE SUMMARY REPORT.

Make Sure Your Dates Match in All 3 Places

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities TRACKING WORKSHEET								
				*Facility ID#:	COVID_19			
				Vaccination type:	COVID-19			
				*First day of Reporting Week (Monday):	5/24/2021			
				Last day of the reporting week (Sunday):	5/30/2021			
*HCP Start of Employment Date (Enter Date)	HCP End of Employment Date (Enter Date)	HCP Last Name (Enter name)	HCP First Name (Enter name)	Unique HCP Identifier (Enter DOB, License #, etc.)	*Vaccinated with Dose 1 (Enter date of vaccination)	*Dose 1 Vaccine Manufacturer Name (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	*Dose 2 Vaccine Manufacturer Name (choose from drop-down)
1/1/2021		Johnson	Piranica					
1/1/2021		Johnson	Wonder	K	5/1/2021	Janssen		
1/1/2021		Johnson	Free	L	5/1/2021	Janssen		
1/1/2021		Johnson	Free	M				
1/1/2021		Johnson	Hunter	N				
1/1/2021		Johnson	Exxum	O	2/24/2021	Pfizer_BioTech	3/17/2021	Pfizer_BioTech
1/1/2021		Johnson	Zero	P	2/24/2021	Pfizer_BioTech	3/17/2021	Pfizer_BioTech
1/1/2021		Johnson	John	Q				
1/1/2021	6/3/2021	Johnson	Ima	R				
5/24/2021		Johnson	Sassy	S				
6/1/2021		Johnson						

Excel Tracking Worksheet

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities TRACKING WORKSHEET	
Facility ID#:	0
Vaccination type: COVID-19	COVID_19
Week of data collection last day (Sunday):	5/24/2021
Date Last Modified:	5/30/2021

Cumulative Vaccination Coverage	
* All HCP (Total)	0

- *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection: 0
- *Cumulative number of HCP in Collection #1 who have received COVID-19 vaccine(s) at this healthcare facility:
 - 2.1. Only dose 1 of Pfizer-BioNTech COVID-19 vaccine: 0
 - 2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine: 0
 - 2.3. Only dose 1 of Moderna COVID-19 vaccine: 0

Excel Reporting Summary Worksheet

Flu Vaccine: Residents	Flu Vaccine: HCW	COVID-19 Vaccine: HCW	COVID-19 Vaccine: Residents
Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities			
Date Created:	06/03/2021 4:16PM		
*Facility ID:	59979	*Vaccination type:	COVID19
*Week of Data Collection:	05/24/2021 - 05/30/2021	*Date Last Modified:	06/03/2021 4:16PM

Cumulative Vaccination Coverage				
Healthcare Personnel (HCP)				
*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant and technician employees ^c	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection:

NHSN Covid-19 Vaccine Module

Read the Instructions for Reporting Vaccine DATA

Select First Date of reporting week
Each column must be completed with the appropriate response

- Type date of vaccine- Ex. 6/14/21
- Use drop-down to select name
- Type date for Contraindication if applicable

<https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

<https://www.cdc.gov/nhsn/forms/instr/57.218-toi-508.pdf>

- A. The red Asterisk (*) is required for reporting to NHSN. Note: The other boxes are for optional NHSN reporting
B. Enter data in rows (from left to right) when entering vaccine data for each resident
C. Steps for Entering Resident Vaccination Data on the **TrackingWorksheet** tab:
- 1 Enter the unique (* Facility ID#) for the reporting facility
 - 2 Select the (* First Day of the Reporting Week) that you plan to generate the report
 - 3 Enter the (* Resident Admit Date) to the facility. A date must be entered. If unknown choose a date before
 - 4 Enter the (* Resident Discharge Date) from the facility (when applicable)
 - 5 Enter resident's first name, last name, DOB (date of birth) or Other identifier
 - 6 Enter date the resident vaccinated with dose 1 (* Vaccinated with Dose 1)
 - 7 Select vaccine name from the drop-down box (* Dose 1 Vaccine Name)
 - 8 Enter date the resident vaccinated with Dose 2 (* Vaccinated with Dose 2)
 - 9 Select vaccine name from the drop-down box (* Dose 2 Vaccine Name)
 - 10 If the vaccination series contains an unspecified vaccine manufacturer, select YES/NO in the dropdown
- Note: If Column K auto-fills with YES, do not change this value**
- 11 Enter the date of adverse event noted (optional) [NHSN application has phased out this data field starting
 - 12 Enter date for any (* Contraindication or Exclusion Noted)
If the resident has contraindication(s), enter the date of contraindication(s) first noted.
If the resident has a condition that makes it necessary to temporarily defer COVID-19 vaccination, remove the date from this spreadsheet 90 days after.
 - 13 Enter date the resident declined COVID vaccine (optional)
 - 14 Select YES/NO if the resident was vaccinated at another location (optional)
 - 15 Select YES/NO if the resident has a previously positive COVID-19 test (optional) [NHSN application has
 - 16 Enter any additional comments (optional)
 - 17 Enter date vaccination education provided to the resident. (optional)

IMPORTANT **Please DO NOT send this form to NHSN, this form is ONLY to be used by your facility for CC

Please refer to the TOI (Table of Instructions) for further details on NHSN reporting at <https://www>

READ THIS - Instructions

TrackingWorksheet

ReportingSummary



Start Q & A Now
OR Review Last Months Shop Talk
Your Choice

NHSN Vaccine Module Resources

<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

- Bookmark this page!!
 - Table of Instructions
 - NHSN Training Slides
 - Data Tracking worksheets
 - Instructions for reports

Download the revised
Tracking Worksheet!

National Healthcare Safety Network (NHSN)

CDC > NHSN Home > Long-term Care Facility Component

Weekly HCP & Resident COVID-19 Vaccination

Weekly COVID-19 Vaccination Data Reporting

Long-term care facilities can track weekly COVID-19 vaccination data for residents and healthcare personnel (HCP) thro NHSN.

Training

- NHSN Quick Learn Demonstration: Reporting Weekly Cumulative COVID-19 Vaccination Data - May 2021
 - [YouTube Link \(Video - 21 min\)](#)
 - [Slideset](#) [PDF - 1 MB]
- [Updates to Reporting Weekly COVID-19 Vaccination Data - May 2021](#) [PDF - 2 MB]

Training slides covering weekly COVID-19 vaccination data reporting for residents and healthcare personnel.

Data Collection Forms and Instructions

All Data Collection Forms are Print-only

- [Weekly COVID-19 Vaccination Summary Form for Residents at LTCFs \(57.218\) - May 2021](#) [PDF - 100 KB]
 - [Table of Instructions](#) [PDF - 200 KB]
- [Weekly COVID-19 Vaccination Summary Form for Healthcare Personnel at LTCFs \(57.219\) - May 2021](#) [PDF - 150 KB]
 - [Table of Instructions](#) [PDF - 200 KB]

Supporting Materials

- [Guidance to COVID-19 Module Data Entry Screen - May 2021](#) [PDF - 500 KB]
- [Uploading Group COVID-19 CSV Data Files - May 2021](#) [PDF - 1 MB]
- [CSV File Template - Weekly COVID-19 Vaccination for Residents of LTCFs - May 2021](#) [CSV - 2 KB]
 - [Example CSV File - Weekly COVID-19 Vaccination for Residents of LTCFs - May 2021](#) [CSV - 2 KB]
- [CSV File Template - Weekly COVID-19 Vaccination for Healthcare Personnel of LTCFs - May 2021](#) [CSV - 2 KB]
 - [Example CSV File - Weekly COVID-19 Vaccination for Healthcare Personnel of LTCFs - May 2021](#) [CSV - 2 KB]
- [Weekly COVID-19 Vaccination Data Reporting Guidance - December 2020](#) [PDF - 200 KB]
- [Data Tracking Worksheet Quick Reference Guide for COVID-19 Vaccination among Healthcare Personnel and Reside May 2021](#) [PDF - 600 KB]
- [Data Tracking Worksheet for COVID-19 Vaccination among Residents - May 2021](#) [XLS - 800 KB]
- [Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel - May 2021](#) [XLS - 800 KB]

Tracking and Preparing Your Vaccine Data

- NHSN Tracking Worksheet

<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities TRACKING WORKSHEET	*Facility ID#:		Enter your Facility ID Here
	Vaccination type:	COVID_19	
	*First day of Reporting Week (Monday):	6/14/2021	Select the Monday of the sta
	Last day of the reporting week (Sunday):	6/20/2021	Last day of the reporting we

*Resident Admit Date	Resident Discharge Date	Resident Last Name (Enter name)	Resident First Name (Enter name)	Unique Patient Identifier	*Vaccinated with Dose 1 (Enter date of vaccination 1)	*Dose 1 Vaccine Manufacturer Name (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	*Dose 2 Vaccine Manufacturer Name (choose from drop-down)	Is Vaccination Series Complete? (Please Enter YES/NO for Red Cells)
5/1/2021		Johnson	Melba		1/1/2021	Pfizer_BioNTech	2/1/2021	Pfizer_BioNTech	YES
6/10/2021		Johnson	Freda		12/5/2021	Moderna	2/1/2021	Pfizer_BioNTech	YES
6/11/2021		Johnson	Verna		5/1/2021	Janssen			YES
6/12/2021		Johnson	Zero		5/1/2021	Unspecified			YES
6/13/2021		Johnson	Exxum						
6/14/2021		Johnson	D						
6/15/2021		Johnson	JL						

Tracking worksheet auto-fills into the Reporting Summary Worksheet

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities TRACKING WORKSHEET	
Facility ID#:	59979
Vaccination type: COVID-19	COVID_19
Week of data collection first day (Monday):	3/29/2021
Week of data collection last day (Sunday):	4/4/2021
Date Last Modified:	

Cumulative Vaccination Coverage	Healthcare Personnel (HCP) Categories (Optional)						
	* All HCP (Total)	Ancillary Services	Nurse	Aid, Assistant, or Technician	Therapist	Physician or Licensed Independent Practitioner	Other HCP
1. *Number of HCPs working in this facility for at least 1 day during the week of data collection	5	0	0	0	0	0	0
2. *Cumulative number of HCPs in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:							
2.1. Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0	0	0	0	0	0	0
2.2. Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0	0	0	0	0	0	0
2.3. Only dose 1 of Moderna COVID-19 vaccine	0	0	0	0	0	0	0
2.4. Dose 1 and dose 2 of Moderna COVID-19 vaccine	4	0	0	0	0	0	0
3. Cumulative number of HCPs in Question #1 with other conditions:							
3.1 *Medical contraindication to COVID-19 vaccine	0	0	0	0	0	0	0
3.2. Offered but declined COVID-19 vaccine	1	0	0	0	0	0	0
3.3. Unknown COVID-19 vaccination status	0	0	0	0	0	0	0
3.4. History of laboratory-confirmed SARS-CoV-2	#VALUE!	0	0	0	0	0	0

- Worksheets available for both Healthcare workers and Residents
- Eases burden of reporting

Tip: Save each week with the “week of data collection” in file name

identified this week

5.1. Pfizer-BioNTech COVID-19 vaccine

READ THIS - Instructions

TrackingWorksheet

ReportingSummary

“SAVE AS” your tracking sheet each week

- Enter the name and date vaccinated
- Then “SAVE AS” the worksheet with the “last day” of the reporting week date. Keep the worksheets for documentation.

- CovVacSummary-05-30-21
- CovVacSummary-06-06-21
- **CovVacSummary-06-13-21**

Weekly COVID-19 Vaccination Cumulative Summary for Residents of Long-Term Care Facilities TRACKING WORKSHEET					*Facility ID#:			
					Vaccination type: COVID_19			
					*First day of Reporting Week (Monday): 5/17/2021			
					Last day of the reporting week (Sunday): 5/17/2021			
*Resident Admit Date	Resident Discharge Date	Resident Last Name (Enter name)	Resident First Name (Enter name)	Unique Patient Identifier (Enter DOB, Med Record #, etc.)	*Vaccinated with Dose 1 (Enter date of vaccination 1)	*Dose 1 Vaccine Name (choose from drop-down)	*Vaccinated with Dose 2 (Enter date of vaccination 2)	
								5/24/2021
								5/31/2021
								6/7/2021
								6/14/2021
								6/21/2021
								6/28/2021
								7/5/2021

Review the Reporting Summary

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities TRACKING WORKSHEET	
Facility ID#:	0
Vaccination type: COVID-19	COVID_19
Week of data collection first day (Monday):	6/14/2021
Week of data collection last day (Sunday):	6/20/2021
Date Last Modified:	

Cumulative Vaccination Coverage	
	* All HCP (Total)
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	0
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this:	
2.1. Only dose 1 of <i>Pfizer-BioNTech</i> COVID-19 vaccine	0
2.2. Dose 1 and dose 2 of <i>Pfizer-BioNTech</i> COVID-19 vaccine	0
2.3. Only dose 1 of <i>Moderna</i> COVID-19 vaccine	0
2.4. Dose 1 and dose 2 of <i>Moderna</i> COVID-19 vaccine	0
2.5. One dose of <i>Janssen</i> COVID-19 vaccine	0
2.99 Complete COVID-19 vaccination series: Unspecified Manufacturer	0
3. Cumulative number of HCP in Question #1 with other conditions:	
3.1 *Medical contraindication or exclusion to COVID-19 vaccine	0
3.2. Offered but declined COVID-19 vaccine	0
3.3. Unknown COVID-19 vaccination status	0

COVID-19 Vaccine(s) Supply	
READ THIS - Instructions	TrackingWorksheet
ReportingSummary	

Submit Reporting Summary Data

NHSN - National Healthcare Safety Network

NHSN Home

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

NHSN Long Term Care Facility

- ▶ Long Term Care Dashboard
- ▼ Action Items

MS

- Dashboard
- Pathway Data Reporting
- POC Test Result Reporting
- COVID-19 Vaccination - HCW**
- COVID-19 Vaccination - Residents

Missing Summary Data

NHSN - National Healthcare Safety Network

NHSN Home

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

Vaccination Summary Data

Click a cell to begin entering data for the week which counts are reported. Reporting of medical events or health problems that occur after vaccination (possible side effects) is

31 May 2021 - 11 July 2021

Record Complete Record Incomplete

Weekly vaccination Calendar

05/31/2021 (Monday) - 06/06/2021 (Sunday)
COVID-19: HCW
COVID-19: Residents
06/07/2021 (Monday) - 06/13/2021 (Sunday)
COVID-19: Residents
06/14/2021 (Monday) - 06/20/2021 (Sunday)
06/21/2021 (Monday) - 06/27/2021 (Sunday)

Submit Summary Data into NHSN

Edit Vaccine Data

Flu Vaccine: Residents Flu Vaccine: HCW COVID-19 Vaccine: HCW **COVID-19 Vaccine: Residents**

Resident COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created: 06/10/2021 2:22PM
*Facility ID: 59979 *Vaccination type: COVID19
*Week of Data Collection: 06/07/2021 - 06/13/2021 *Date Last Modified: 06/10/2021 2:22PM

Cumulative Vaccination Coverage

1. *Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text" value="8"/>
2. *Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020	<input type="text"/>
2.1 *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	<input type="text" value="0"/>
2.2 *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	<input type="text" value="1"/>
2.3 *Only dose 1 of Moderna COVID-19 vaccine	<input type="text" value="0"/>
2.4 *Dose 1 and dose 2 of Moderna COVID-19 vaccine	<input type="text" value="2"/>
2.5 *Dose of Janssen COVID-19 vaccine	<input type="text" value="3"/>
Any completed COVID-19 vaccine series	<input type="text" value="6"/>
3. <u>Cumulative number</u> of residents in Question #1 with other conditions:	
3.1 *Medical contraindication or exclusions to COVID-19 vaccine	<input type="text" value="1"/>
3.2. Offered but declined COVID-19 vaccine	<input type="text"/>
3.3. Unknown COVID-19 vaccination status	<input type="text"/>

Make sure you select the correct Week!

NHSN Submission:

Make sure your math is correct before hitting save.

Week of Data Collection: 09/07/2021 - 09/13/2021 Data Last Modified: 09/10/2021 2:24 PM

Cumulative Vaccination Coverage	
1. *Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text" value="8"/>
2. *Cumulative number of residents in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020	<input type="text" value=""/>
2.1 *Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	<input type="text" value="0"/>
2.2 *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	<input type="text" value="1"/>
2.3 *Only dose 1 of Moderna COVID-19 vaccine	<input type="text" value="0"/>
2.4 *Dose 1 and dose 2 of Moderna COVID-19 vaccine	<input type="text" value="2"/>
2.5 *Dose of Janssen COVID-19 vaccine	<input type="text" value="3"/>
Any completed COVID-19 vaccine series	<input type="text" value="6"/>
3. Cumulative number of residents in Question #1 with other conditions:	
3.1 *Medical contraindication or exclusions to COVID-19 vaccine	<input type="text" value="1"/>
3.2. Offered but declined COVID-19 vaccine	<input type="text" value=""/>
3.3. Unknown COVID-19 vaccination status	<input type="text" value=""/>
COVID-19 Vaccine(s) Supply	
Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.	
4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's residents:	
4.1 *Is your facility enrolled as a COVID-19 vaccination provider?	<input type="text" value="N - No"/>
4.2 Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents the opportunity to receive COVID-19 vaccine(s) from your facility in the current	

Exclusions from Total

Automatically calculated for you within NHSN (Residents 100) – (contraindication 3) = 97 is used for denominator

– *Medical contraindications include*

- *severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.*
- *receiving monoclonal antibodies or convalescent plasma as part of COVID-19 treatment in the previous 90 days,*
- COVID-19 vaccines can be given safely to people with prior SARS-CoV-2 infection/ Defer vaccination until person has recovered from the acute illness and criteria have been met for them to discontinue isolation
- Persons in community or outpatient setting should defer vaccination until quarantine period has ended Residents or patients in congregate settings may be vaccinated if they do not have symptoms consistent with COVID-19

Poster <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>

Please check CDC website frequently for updates

National Healthcare Safety Network

Percentage of LTC Residents Receiving Partial and Complete COVID-19 Vaccination

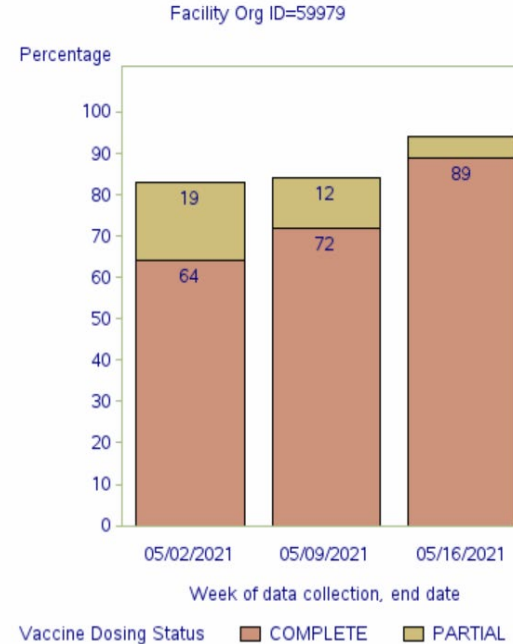
As of: May 17, 2021 at 3:46 PM

Date Range: LTC_COVID19_VACCSUM_RES_VC_survWeekEnd

After and Including 04/27/2021

Vaccine Rate Math & Graph of % Vaccinated

	5/2	5/9	5/16
Occ. beds	80	85	82
Contraindications	2	2	3
Fully Vac.	50	60	70
% Math	50/78 =64%	60/83 =72%	70/79 = 89%



LTCF, Long-term care facility

*Percentage of residents receiving partial vaccination = Number of residents receiving partial vaccination / (Total number of residents - Number of residents reported medical contraindications)

*Percentage of residents receiving complete vaccination = Number of residents receiving complete vaccination / (Total number of residents - Number of residents reported medical contraindications)

Data contained in this report were last generated on May 17, 2021 at 3:37 PM to include all data.

Submit Data Weekly to NHSN (& within 7 days)

1

Summary Data > COMPLETE THESE ITEMS

- COVID-19 ● >
- Vaccination Summary
- Import/Export
- Surveys >
- Analysis >
- Users >
- Facility >
- Group >

Dashboard

Daily Entry

POC Test Result Reporting

COVID-19 Vaccination - HCW ● ●

COVID-19 Vaccination - Residents ● ●

Missing Summary Data

2

Flu Vaccine: Residents Flu Vaccine: HCW COVID-19 Vaccine: HCW COVID-19 Vaccine: Residents

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

● Facility ID: 59979 ● Vaccination type: COVID19
● Week of Data Collection: 03/08/2021 - 03/14/2021 ● Date Last Modified: 03/12/2021

Cumulative Vaccination Coverage	
1 ● Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	200 ● All HCP (Total)
2 Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere: Add vaccine: <input type="text"/>	
2.3 ● Only dose 1 of Moderna COVID-19 vaccine	20 ● All HCP (Total)
2.4 ● Dose 1 and dose 2 of Moderna COVID-19 vaccine	80 ● All HCP (Total)
● Any completed COVID-19 vaccine series	80 ● All HCP (Total)
3 Cumulative number of HCP in Question #1 with other conditions:	
3.1 ● Medical contraindication to COVID-19 vaccine	0 ● All HCP (Total)

3

4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility's HCP:

4.1. ● Is your facility enrolled as a COVID-19 vaccination provider?

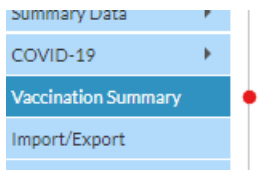
4.2. ● Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all HCP the opportunity to receive COVID-19 vaccine(s)?

Data Integrity is so Important – Please be sure to read the table of instructions!!!

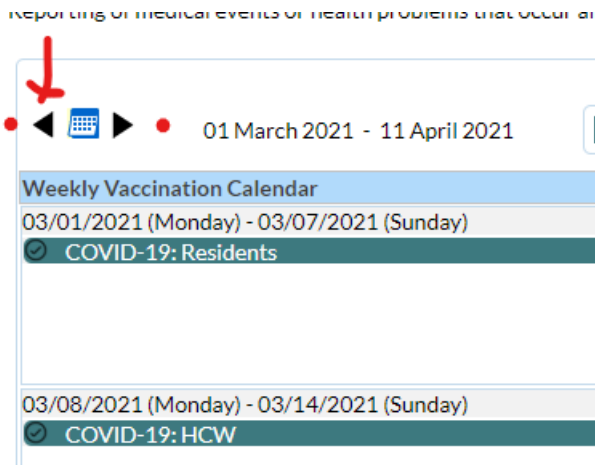
- HCW - <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>
- Resident - <https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf>

What if I put the wrong numbers in last week?

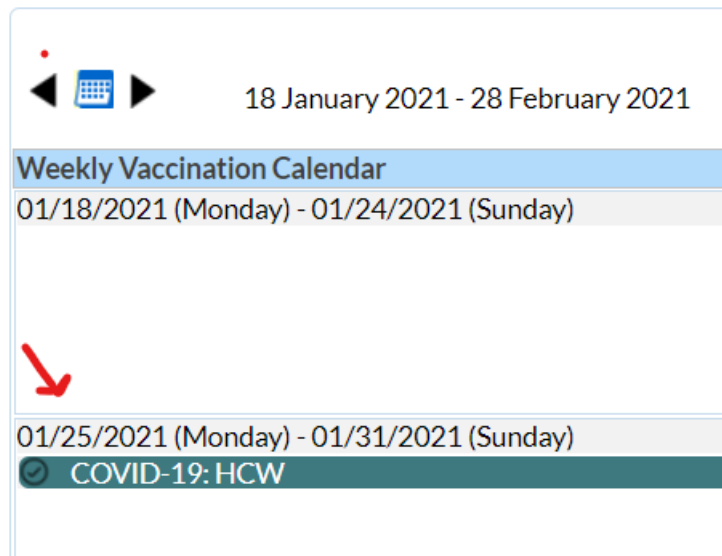
1



2



3



Vaccination Summary

- Navigate to the entry you wish to change
- Click on the data tab

What if I put the wrong numbers in last week?

Click in the box to edit your numbers.
And don't forget to SAVE!

Edit Vaccine Data

Flu Vaccine: Residents | Flu Vaccine: HCW | **COVID-19 Vaccine: HCW** | COVID-19 Vaccine: F

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

* Facility ID: 59979 * Vaccination type: COVID19
* Week of Data Collection: 01/25/2021 - 01/31/2021 * Date Last Modified: 03/08/2021

Cumulative Vaccination Coverage

	*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant, and technician employees ^c
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day	<input type="text" value="80"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

“Date Last Modified” will be automatically updated when edits are made.

NHSN Vaccine Reports Staff and Residents

Analysis Generate Data Sets > Reports >
COVID-19 Module > COVID-19 Vaccination
Select a report > Run Report

1

COVID-19
Vaccination Summary
Import/Export
Surveys
Analysis
Users
Facility
Group
Logout

ALERTS

Add

2

Generate Data Sets
Reports

2

Surveys
Analysis
Users
Facility
Group
Logout

Generate Data Sets
Reports

3

COVID-19 Module
Resident Impact and Facility Capacity
Staff and Personnel Impact
Supplies and Personal Protective Equipment
Ventilator Capacity and Supplies
Therapeutics
Weekly Influenza Vaccination
POC Testing
COVID-19 Vaccination
Line Listing - All COVID-19 Vaccination Cumulative Summary Data - HCP
Line Listing - All COVID-19 Vaccination Cumulative Detail Data - HCP
Line Listing - All COVID-19 Vaccination Cumulative Adverse Event Data - HCP
Bar Chart - LTC HCP COVID-19 Vaccination Coverage
Bar Chart - LTC HCP COVID-19 Vaccination-Associated Adverse Events
Line Listing - All COVID-19 Vaccination Cumulative Summary Data - Resic
Line Listing - All COVID-19 Vaccination Cumulative Detail Data - Resident
Line Listing - All COVID-19 Vaccination Cumulative Adverse Event Data - Resident
Bar Chart - LTC Resident COVID-19 Vaccination Coverage
Bar Chart - LTC Resident COVID-19 Vaccination-Associated Adverse Events

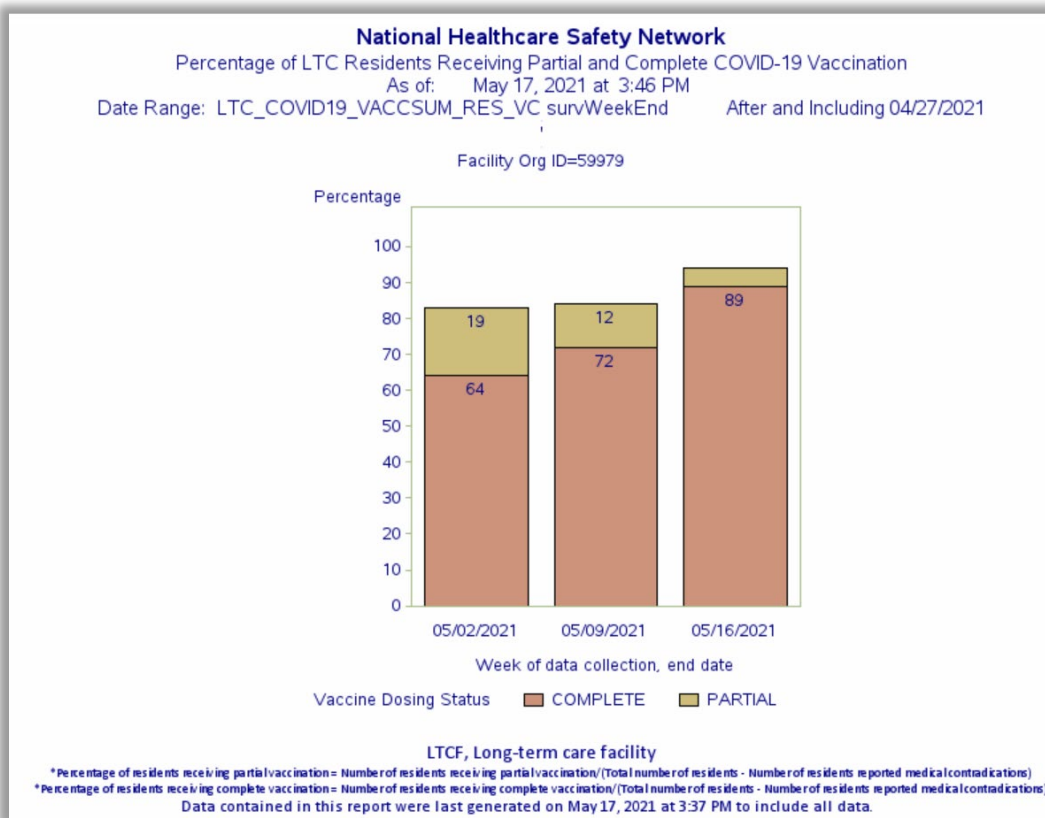
4

Line Listing - All COVID-19 Vaccination Cumulative Summary Data - HCP
Bar Chart - LTC Resident COVID-19 Vaccination Coverage
Run Report
Modify Report
Export Data Set

NHSN Line Listing – All Vaccination Summary Data

Facility Org ID	Type of Vaccination	Week of data collection, start date	Week of data collection, end date	Number of residents staying in this facility for at least 1 day during the week of data collection	Cumulative number of Residents who completed COVID-19 vaccine(s) dose at this facility or elsewhere	Cumulative number of Residents who have started but not completed COVID-19 vaccine(s) at this facility or elsewhere	Medical contraindication	Offered but declined	Unknown vaccination status	Percentage of persons who have received a partial vaccination against SARS-CoV2 <small>NOTE: this measure would exclude vaccines that require only a single dose)</small>	
59979	COVID19	04/26/2021	05/02/2021	80	50	15	2	13	.	64.103	19.231
59979	COVID19	05/03/2021	05/09/2021	85	60	10	2	13	.	72.289	12.048
59979	COVID19	05/10/2021	05/16/2021	82	70	4	3	5	.	88.608	5.063

NHSN Bar Chart of COVID-19 Vaccinations



Consider Displaying Your Facility Rates

(FYI-This will be posted on

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

STAFF

80%



Target >75%

RESIDENT

89%



Target >70%

County Positivity Rate

9%



TARGET <10%

Vaccine Reporting Schedule

When does the "7 day" capture period start and when does that info have to be entered?

Reporting week runs Monday through Sunday.

May 10th-May 16th

May 17th-May 23nd

May 23rd-May 30th

May 31-June 6th

June 7th-13th Mandatory reporting weekly to include therapeutic AND vaccine rates for staff and residents.

June 14-20th and so forth

Each week, you must report the current week's data by midnight on Sunday. So you can report any day prior (*within the 7 days*). ***And you can edit as needed the following week.***

COVID-19 Vaccination summary

- ❑ Report Vaccine Rates Weekly for Residents & Staff
 - (At least every 7 days)
 - By Sunday
- ❑ Continue to work with your pharmacy to educate & complete vaccinations for **all** staff, residents & *new* admissions (**new mandate**)
- ❑ Print out vaccine rates in NHSN each week to ensure compliance.

<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/weekly-covid-reporting-508.pdf>

https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e2.htm?s_cid=mm7005e2_x

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

Logout

Confer Rights

Join

Leave

Nominate

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

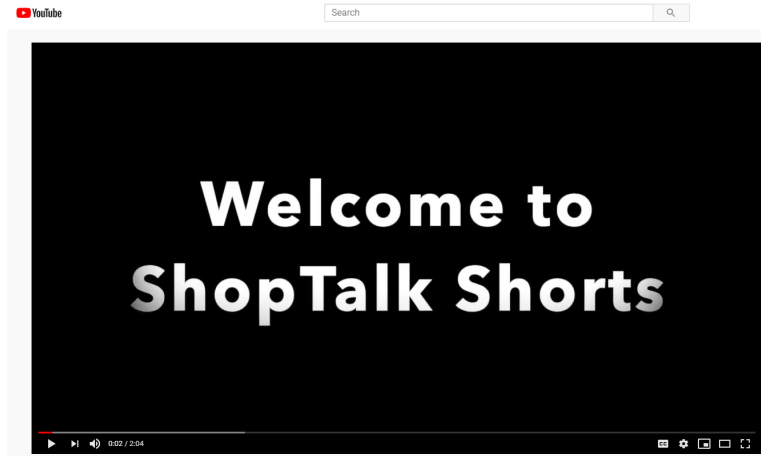
COVID-19 CSV Data Upload

Accept

https://www.alliantquality.org/wp-content/uploads/2020/12/TO1_NHSGroups_12SOW-AHSQIN-QIO-TO1NH-20-391_508.pdf

<https://www.youtube.com/watch?v=nCmh6oRjhoE&list=PLXWmxni-xNHspWHhLlIrcQLGlzXZPljF&index=1>

Shop Talk Shorts YouTube Channel



NEW

- How do you find out who has access and rights for your facility account?
- I used my grid card at my previous facility. Can I use it to access my new facility?
- My administrator added me as a user to our facility's NHSN account, but I can't login.

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

Mark Your Calendar!



Shop Talk 3rd Thursdays at 2pm ET

Registration Links:

July 25th: <https://bit.ly/3hyRveQ>

August 19th: [Link](#)

Visit our website for More info:

[https://www.alliantquality.org/topic/shop-talks/
Recordings](https://www.alliantquality.org/topic/shop-talks/Recordings)

Questions?

Please put your
questions into the
Q & A.



Thank You for Your Time!

Contact the Patient Safety Team



Marilee H. Johnson, MBA, MT (ASCP)
Technical Advisor, Infection Prevention
Marilee.Johnson@AlliantHealth.org | 919.695.8331



Amy Ward, MS, BSN, RN, CIC
Infection Prevention Specialist
Amy.Ward@AlliantHealth.org | 678.527.3653



Melody Brown, MSM
Aim Manager, Patient Safety
Melody.Brown@AlliantHealth.org | 678.527.3466

Making Health Care Better Together

ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE



@AlliantQualityOrg



Alliant Quality



@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-21-716



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

ALLIANT QUALITY

The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS