NHSN Updates COVID-19 Vaccine Module & Pathway

Welcome!

Chat to Technical Support if you need assistance

Presented by:

Donald Chitanda, MPH, CIC
Infection Prevention Technical Advisor



Donald Chitanda, MPH, CIC

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past several years, he worked as an infection preventionist at the hospital- and system-level, where he was part of a task force to ensure the safety of caregivers and patients during the ongoing COVID-19 pandemic. In addition, he was part of and led several projects to reduce hospital-acquired infections utilizing Lean Six Sigma methodologies. He is also trained in ensuring ongoing facility survey readiness for regulatory agencies such as the CMS and The Joint Commission.

Donald enjoys spending time with family and doing outdoor activities.

Contact: <u>Donald.Chitanda@AlliantHealth.org</u>



Amy Ward, MS, BSN, RN, CIC, FAPIC

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 her family. She loves all the time she can get outdoors camping, bicycling and running.

Contact: <u>Amy.Ward@AlliantHealth.org</u>



Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large health care system in Atlanta and a nurse consultant in the Center for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and the COVID-19 pandemic.

Erica enjoys reading, traveling, family time and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org



Paula St. Hill, MPH, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Paula is a doctoral student with a diverse background in public health, infection prevention, epidemiology and microbiology. She enjoys public health and identifying ways to improve health outcomes, specifically those related to healthcare-associated infections.

Paula enjoys spending time with her friends and family. In her spare time, she loves watching horror or thriller movies.

Contact: Paula.StHill@allianthealth.org



Objectives

Agenda:

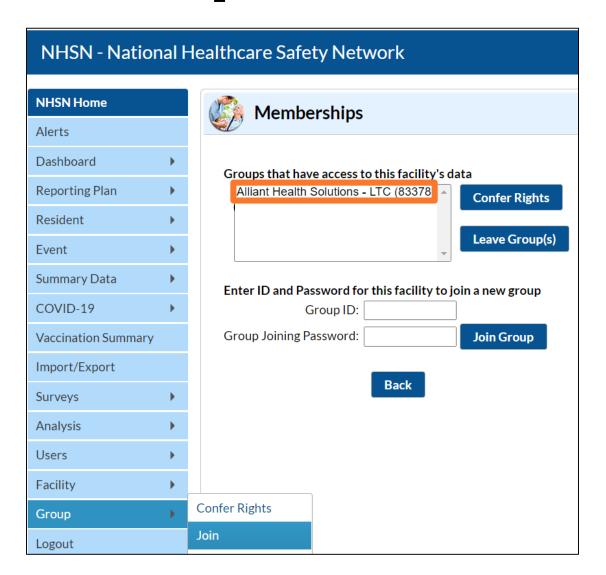
- Join our Alliant Health Solutions LTC NHSN Group
- CDC and CMS Updates
- Influenza Vaccination Reporting
- Other NHSN Updates
- SAMS and NHSN Tips
- Questions and Answers

Make Sure You Joined Our NHSN Group

On the NHSN Home page: Click **Group** > **Join**

Make sure you see **Alliant Health Solutions–LTC (83378).** If not, follow the instructions on the next slide to join.

Take this important step to receive assistance from your CMS quality improvement organization.



Join and Confer Rights to Alliant Health Solutions

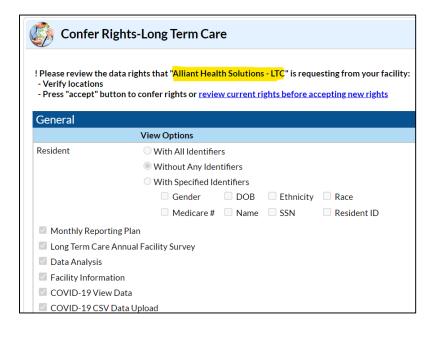
Group Name: Alliant Health Solutions-LTC

Group ID: 83378

Joining Password: Alliant20!







https://quality.allianthealth.org/wp-content/uploads/2021/01/T01 NHSNGroups 12SOW-AHSQIN-QIO-T01NH-20-391 508-1.pdf

Shop Talk Shorts YouTube Channel

Instructional videos to answer technical questions related to NHSN

Bookmark our FAQ YouTube channel for easy reference to frequent NHSN issues:

https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLlIrqcLGlzXZPljlF

Help! I am new & no one has NHSN access

How to Upgrade to Level-3 Access in NHSN

How do I find out who has access to my facility?

How do I add users and rights to our NHSN account?

I got a new job. <u>Can I use my grid card to access my new facility?</u>

How do I change my email address for NHSN & SAMS?

I am leaving, how do I reassign another NHSN facility administrator?



I want to receive technical assistance. <u>How do I join Alliant Health Solution's NHSN Data Group?</u>

CDC & CMS Updates



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-22-25-CLIA Rescinded 10/7/2022

DATE: September 26, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations

Group (SOG)

SUBJECT: CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-

CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for

Use (**RESCINDED**)

Memorandum Summary

This memo has been rescinded.

Effective Date:

Immediately.

/s/

David R. Wright Director, Quality, Safety & Oversight Group



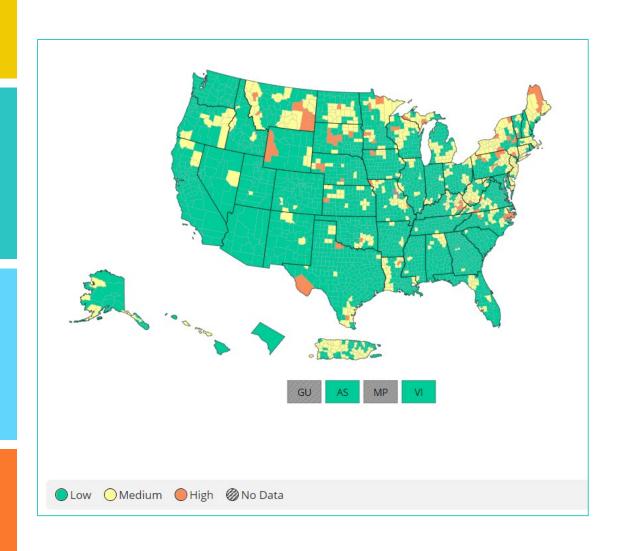
Table 1: Testing Summary

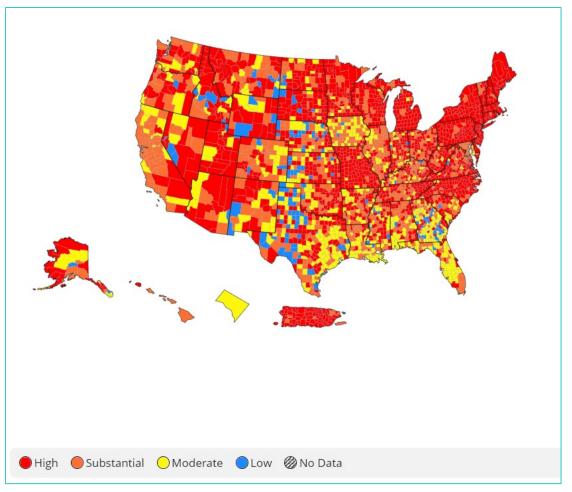
Testing Trigger	Staff	Residents	
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.	
Newly identified COVID- 19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.	
Newly identified COVID- 19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).	
Routine testing	Not generally recommended	Not generally recommended	

Key Changes (updated Sep. 23,2022)

- Vaccination Status is no longer used to inform source control, screening testing or post-exposure recommendations
- Standalone guidance for nursing homes has retired. Guidance applies to all U.S. settings where health care is delivered, including nursing homes and home health
- Community Transmission (not Community Levels) used to inform select IPC measures

Community Levels vs. Community Transmission





1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic

- Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses
- Establish a process to identify and manage Individuals with suspected or confirmed SARS-CoV-2 Infection
- Implementing Source Control measures
 - When SARS-CoV-2 <u>Community transmission</u> levels are high = **source control is recommended for everyone** in health care settings when they are in areas of the facility where they could encounter patients.
 - When SARS-CoV-2 community transmission levels are not high = facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended
- Implement universal use of personal protective equipment (PPE) for health care personnel (HCP)
- Optimize the use of engineering controls and indoor air quality
- Perform SARS-CoV-2 viral testing
- Create a process to respond to SARS-CoV-2 exposures among HCP and others

2. Recommended IPC practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection

- Duration of empiric transmission-based precautions for symptomatic patients being evaluated for SARS-CoV-2 infection
- Duration of empiric transmission-based precautions for asymptomatic patients following close contact with someone with SARS-CoV-2 infection
- Patient placement
- PPE
- Aerosol-Generating Procedures (AGPs)
- Visitation
- Duration of transmission-based precautions for patients with SARS-CoV-2 infection
- Environmental infection control

3. Setting Specific Additional Considerations

Nursing Homes

- Assign one or more individuals with training in IPC to provide on-site management of the IPC program
- Managing admissions and residents who leave the facility
- Placement of residents with suspected or confirmed SARS-CoV-2 infection
- Indoor visitation- Follow guidance from CMS
 - https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

3. Setting Specific Additional Considerations

<u>Assisted Living, Group Homes and other Residential Care Settings</u>

- In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care* similar to that provided by family members in the home (e.g., many assisted living and group homes) should follow community prevention strategies based on COVID-19 Community Levels.
- Residents should be counseled about strategies to protect themselves and others, including recommendations for source control if they are immunocompromised or at high risk for severe disease
- Visiting or shared HCP who enter the setting to provide healthcare to one or more residents (e.g., physical therapy, wound care, IV injections or catheter care by a home health agency nurse) should follow health care IPC recommendations in this guidance



Influenza Vaccination Reporting Updates

As of July 29, 2022

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

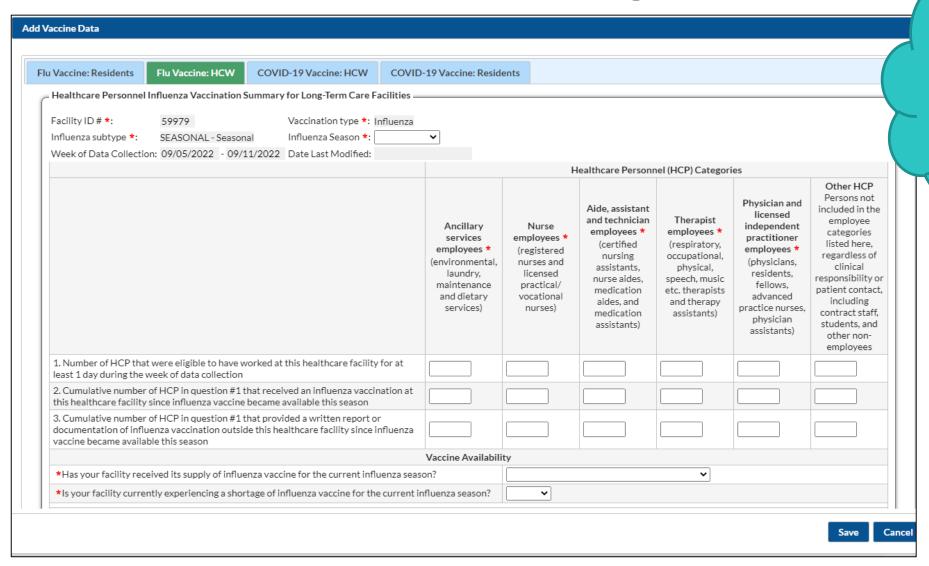
Influenza Vaccination Coverage Among Healthcare Personnel Measure

CMS is finalizing the adoption of a new process measure, the Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure for the SNF QRP, beginning with the FY 2024 SNF QRP. Residents of long-term care facilities, who are often of older age, have greater susceptibility for acquiring influenza due to general frailty and comorbidities, close contact with other residents, interactions with visitors, and exposure to staff who rotate between multiple facilities. Therefore, monitoring and reporting influenza vaccination rates among HCP is important as HCP are at risk for acquiring influenza from residents and exposing residents to influenza. Given the fact that influenza vaccination coverage among HCP is typically lower in long-term care settings, such as SNFs, when compared to other care settings, we believe the measure has the potential to increase influenza vaccination coverage in SNFs, promote patient safety, and increase the transparency of quality of care in the SNF setting.

The Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the Centers for Disease Control and Prevention (CDC) to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31 of the following year. SNFs will submit the measure data through the CDC National Healthcare Safety Network with an initial data submission period from October 1, 2022 through March 31, 2023.



Influenza Vaccination Reporting Updates

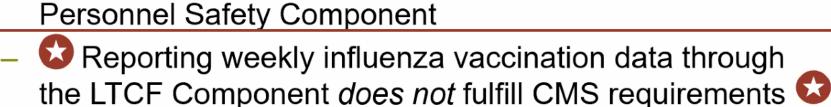


Sep 2022 Shop Talk

Reminders for LTC facilities

Annual healthcare personnel influenza vaccination summary data

LTCFs report these data through the Healthcare

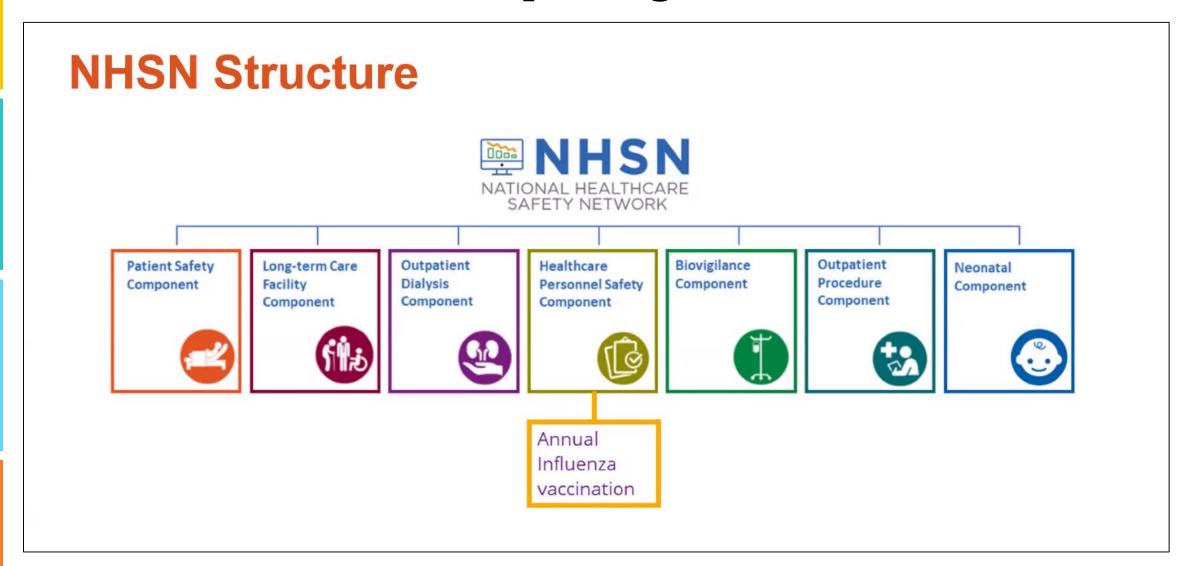




- Weekly COVID-19 vaccination summary data
 - LTCFs continue to report these data through the LTCF Component







Healthcare Personnel Safety (HPS) Component

- The HPS Component consists of two modules:
 - Healthcare Personnel (HCP) Exposure Module

(E)

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management
- HCP Vaccination Module
 - Influenza Vaccination Summary
 - COVID-19 Vaccination Summary
- The Influenza Vaccination Summary within the HCP Vaccination Module is designed to assist staff in healthcare facilities to monitor influenza vaccination percentages among HCP

Key Roles in NHSN

NHSN Facility Administrator

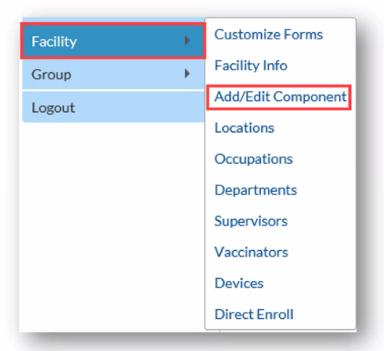
- The person enrolling the facility in NHSN
- Only person who can activate additional components for a facility
- Has add/edit/delete rights to facility data, users, and users' access
- Has authority to nominate/join groups for data sharing
- Only person who can re-assign the role of NHSN Facility Administrator to another user
- There is only one NHSN Facility Administrator per facility

Users

- Rights are determined by NHSN Facility Administrator: view data, data entry, and data analysis
- May be given administrative rights
- Each facility should have at least two NHSN users (including one with NHSN Facility Administrator rights)

Activating the HPS Component

- Activating the HPS component is only necessary for facilities currently enrolled in another component
- Only a NHSN Facility Administrator can activate a new component
- Ensure that the contact information for the NHSN Facility Administrator and HPS Component Primary Contact are updated



Activating the HPS Component (cont.)

- NHSN Facility Administrator adds HPS Component Primary Contact as a user within the NHSN facility
 - Click "Users" on the navigation bar, then click "Add"
 - Complete "Add User" screen mandatory fields
 - User ID created by the facility
 - First Name
 - Last Name
 - E-mail Address Must be an active/correct address for the user
- Other users are added by the NHSN Facility Administrator or new HPS Component Primary Contact

Change in NHSN Facility Administrator

- NHSN Facility Administrator should transfer role to another user <u>prior</u> to leaving the facility!
- NHSN can add an individual as the new NHSN Facility Administrator if the previous NHSN Facility Administrator has left the facility
 - Do <u>not</u> re-enroll the facility in NHSN
- Complete the NHSN Facility Administrator Change Request Form https://www.cdc.gov/nhsn/facadmin/index.html
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user onboarding process

HCP Influenza Vaccination Summary

- The HCP Vaccination Module allows NHSN users to report HCP influenza vaccination summary data
- HCP influenza vaccination summary data is designed to ensure that reported HCP influenza vaccination coverage is:
 - Consistent over time within a single healthcare facility
 - Comparable across facilities
- Improvements in tracking and reporting HCP vaccination status may allow for identification and targeting of unvaccinated HCP

HCP Influenza Vaccination Summary

- Data are collected on denominator and numerator categories
 - Denominator categories:
 - HCP must be <u>physically</u> present in the facility for at least 1 working day between October 1 through March 31
 - Includes both full-time and part-time HCP
 - Employee HCP
 - Non-employee HCP: Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)
 - Non-employee HCP: Adult students/trainees and volunteers
 - Numerator categories:
 - Influenza vaccinations, medical contraindications, declinations, and unknown status
- Facilities are <u>required</u> to report all numerator categories for the three denominator categories

Notes on Reporting Requirements

- Facilities are only required to report data once at the conclusion of reporting period (October 1 through March 31)
- HCP who are <u>physically present</u> in the facility for at least 1 working day between October 1 through March 31 are included in the denominator
- HCP in the denominator population who received an influenza vaccination during the time from when the vaccine became available (e.g., August) through March 31 of the following year are included in that category numerator

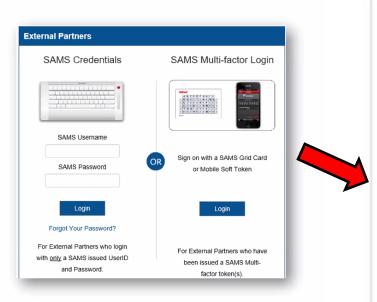
Required and Optional Reporting Forms

- After enrolling in NHSN and/or activating the HPS Component and adding users:
 - Complete Required Forms
 - HCP Influenza Vaccination Summary Form
 - Complete Optional Form
 - Seasonal Survey on Influenza Vaccination Programs for HCP

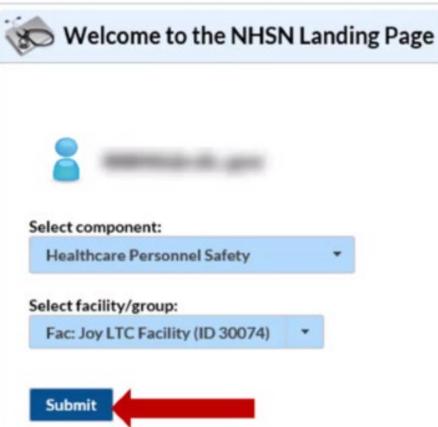
Log into SAMS

- You can access the activity home page by clicking: https://nhsn2.cdc.gov/nhsn/
- Level 3 SAMS access is needed to enter data into the HPS Component

For assistance with SAMS, contact the SAMS Help Desk at 1-877-681-2901 or samshelp@cdc.gov

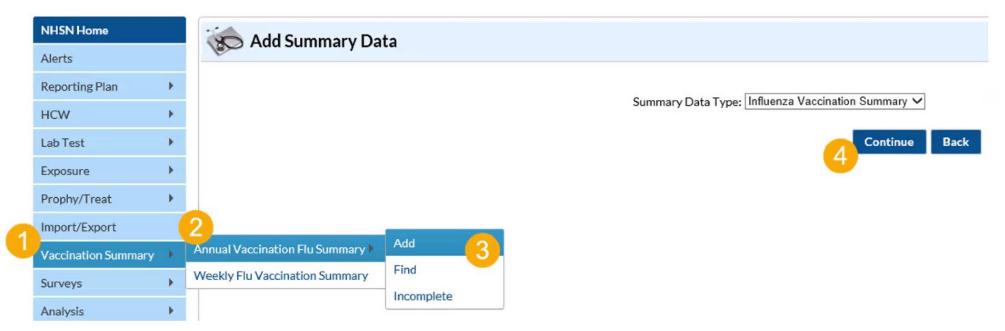


NHSN Landing Page



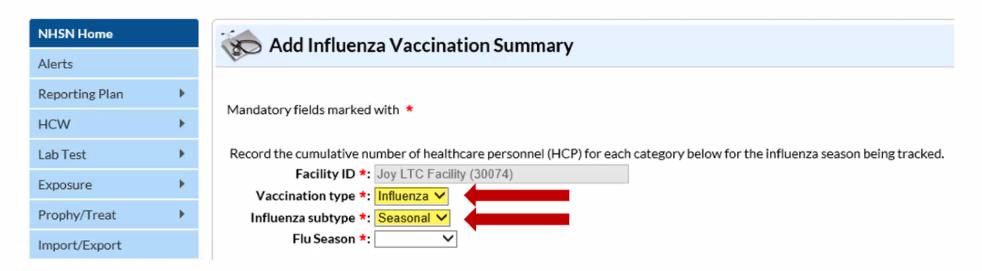
HCP Influenza Vaccination Summary Data

- Click "Vaccination Summary" then "Annual Vaccination Flu Summary"
- Select "Add"
- Click "Continue"



HCP Influenza Vaccination Summary Data (cont.)

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype
- Select appropriate flu season in drop-down box (e.g., 2022-2023)



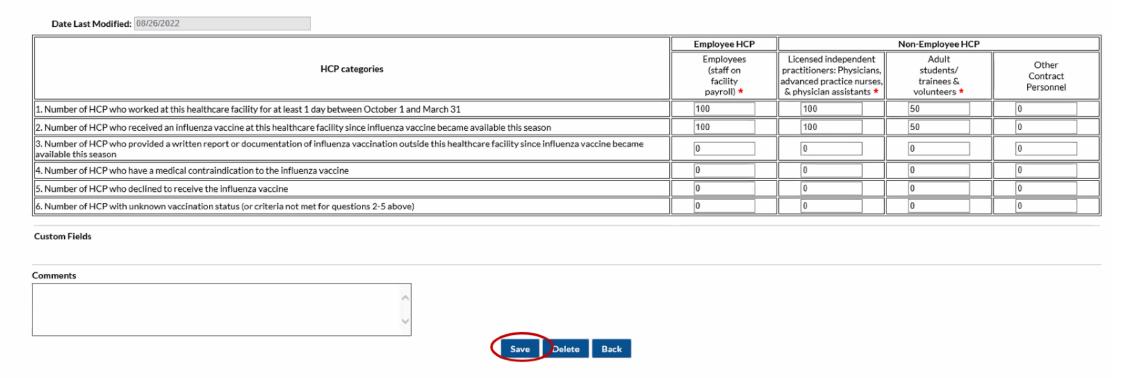
Data Entry Screen

- Question 1 pertains to the denominator and questions 2-6 pertain to the numerator
- The asterisks indicate required columns that must be completed
- Use the "Comments" box to enter any additional information
- Data must be entered by May 15
 - Only data entered into the HPS Component will be submitted to CMS
 - Weekly influenza vaccination data entered into the Long-term Care Facility Component will **not** be submitted

	Employee HCP	Non-Employee HCP		
HCP categories		Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

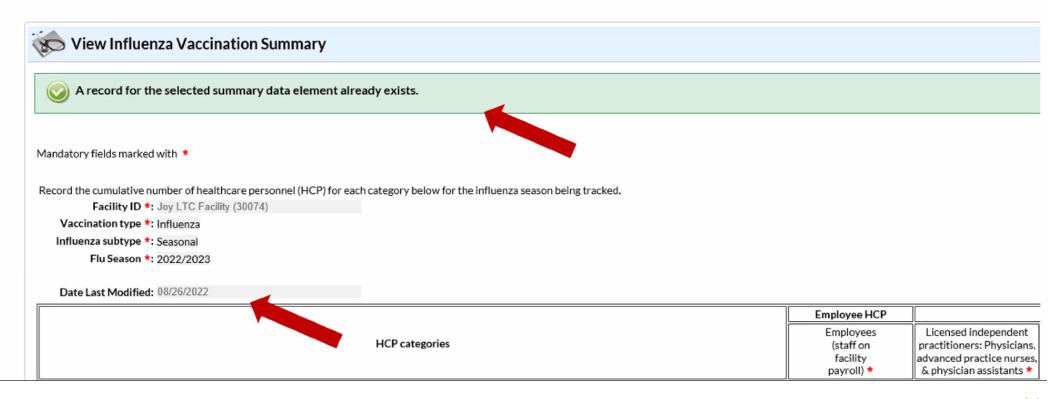
Saving HCP Influenza Vaccination Data

Click "Save" to save the data



Editing HCP Influenza Vaccination Data

- For each update of the data after the initial entry, a message will indicate that a record of the summary data already exists
- The "Date Last Modified" shows when the data were last entered



Editing HCP Influenza Vaccination Data (cont.)

Click "Edit" to modify existing data

		Non-Employee HCP		
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
 Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31 	100	100	50	0
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	100	100	50	0
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	0	0	0	0
4. Number of HCP who have a medical contraindication to the influenza vaccine	0	0	0	0
5. Number of HCP who declined to receive the influenza vaccine	0	0	0	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	0	0	0	0
Comments Comments				
Edit Delete Back				

The NHSN Website

Visit: <u>HCP Flu Vaccination | HPS | NHSN | CDC</u> for training materials:

- Protocol
- Data collection forms
- Frequently asked questions (FAQs)
- Training slides

Questions or Need Help?



E-mail user support at: nhsn@cdc.gov

Please include "HPS Flu Summary" in the subject line of the e-mail and specify "Long-term care facility"

SNFQualityQuestions@cms.hhs.gov

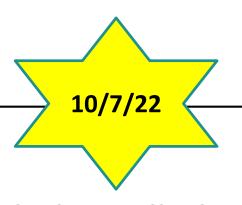
Influenza Vaccination Reporting Key Things to Remember:

- The deadline to enter data is <u>May 15</u>
 - Reporting period Oct 1, 2022, to March 31, 2023
- Reporting influenza vaccination data via weekly LTCF component <u>WILL NOT</u> fulfill CMS requirement
- Reach out to <u>SNFQualityQuestions@cms.hhs.gov</u> if you are unsure if your facility is required to report
- There is no requirement (CMS) to report annual influenza vaccination for residents. <u>Only Staff/HCP</u>

Other NHSN Updates



Other Recent NHSN Updates



Dear NHSN Users,

We wanted to provide an update that the new up to date definition and the updated (bivalent) boosters have now been incorporated into the Person-Level (Event-Level) Vaccination Forms.

The updates that were completed this morning include:

- Adding the updated (bivalent) boosters to all booster dose manufacturer fields
- Adding Novavax to the primary series dose manufacturer fields
- Adding booster dose 4 and booster dose 5 fields
- Incorporating the new up to date definition for reporting weeks beginning 9/26/22

The forms will be temporarily taken offline tonight (10/7/22) at 7PM Eastern to complete the final steps:

- Reclassifying booster doses received from 8/31/22-10/7/22 as updated (bivalent) boosters
- Re-calculating the number of individuals who are up to date according to the new definition for the weeks of 9/26/22-10/2/22 and 10/3/22-10/9/22 if data were previously submitted using the person-level vaccination forms for those weeks (before the new definition was added on 10/7/22).

Please do not attempt to enter or modify person-level vaccination data around 7PM Eastern tonight (10/7/22) as the forms will be temporarily unavailable. No further action is required from the users for these updates to occur. Thank you for your patience and continued partnership.

Other Recent NHSN Updates

Dear NHSN Users,



We would like to provide a reminder that the demographics fields (gender, race, and ethnicity) in the Person-Level (Event-Level) Vaccination Forms will become required in order to save and submit data as of Monday, October 24, 2022.

These fields will be required for all individuals without an end date or discharge date. These fields will not be required for individuals who are no longer in the facility (i.e., those with an end date or discharge date). Please keep in mind that you may select 'Unknown' if you are unable to obtain this information.

NHSN Resources: Person-Level Vaccination Forms

Training:

NHSN Person-Level (Event-Level) Vaccination Forms: September Release Updates - September 2022

CSV Materials:

•	Variable description and file layout for event-level (person-level) vaccination forms [PDF - 213 KB] - October 2022
•	.CSV File Template for LTCF Residents [XLS - 17 KB] - October 2022
•	Example .CSV File for LTCF Residents [XLS - 18 KB] - October 2022
•	.CSV File Template for LTCF HCP [XLS - 17 KB] - October 2022
•	Example CSV File for LTCF HCP [XLS = 18 KB] = October 2022

Other Recent NHSN Updates

NHSN resources

Guidance document on understanding key terms for reporting COVID-19 vaccination data, including up to date vaccination status:

Covid-19 Up to Date Vaccination Guidance (cdc.gov)

Slide set on reporting up to date COVID-19 vaccination status:

https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/ltc-vaccination-surveillance-definition-sept-2022-508.pdf

Slide set on the latest Person-Level Vaccination Forms training:

https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-hours-faq-sept-508.pdf

Sincerely,

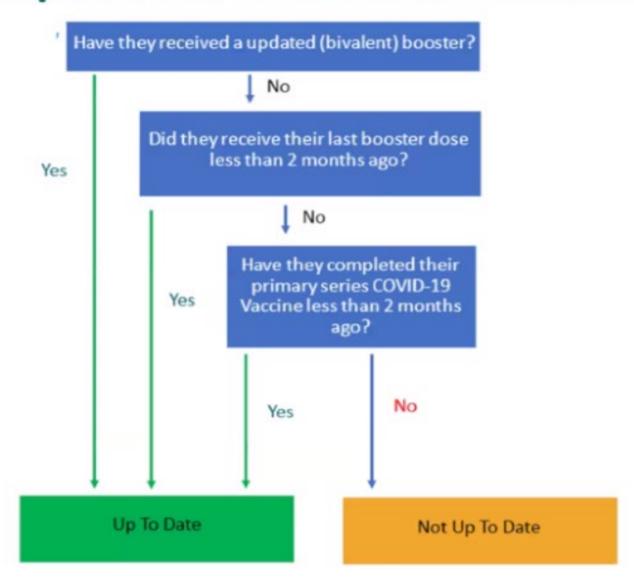
Up to Date Definition Change

Changes in Reporting Definitions

Reporting periods for COVID-19 vaccination data

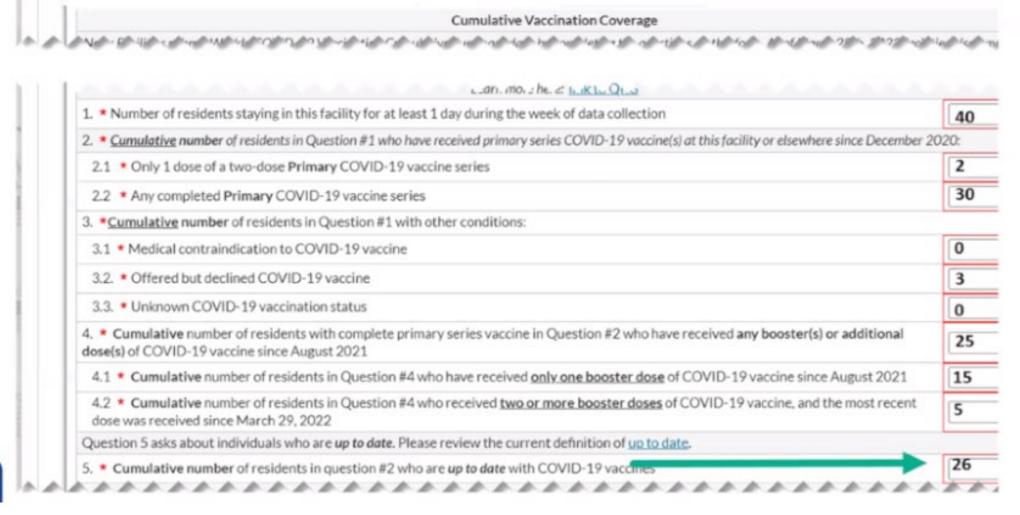
- Quarter 2 of 2022 (May 30, 2022 [NHSN release date] June 26, 2022)
- Quarter 3 of 2022 (June 27, 2022 September 25, 2022)
- Quarter 4 of 2022 (September 26, 2022- December 25th, 2022)
 - Up to Date vaccination was updated in September 2022
 - Facilities should use the definition modified in September to report data for Quarter 4 of 2022 (September 26, 2022- December 25, 2022)

Flow Chart: Up to Date with COVID-19 Vaccines





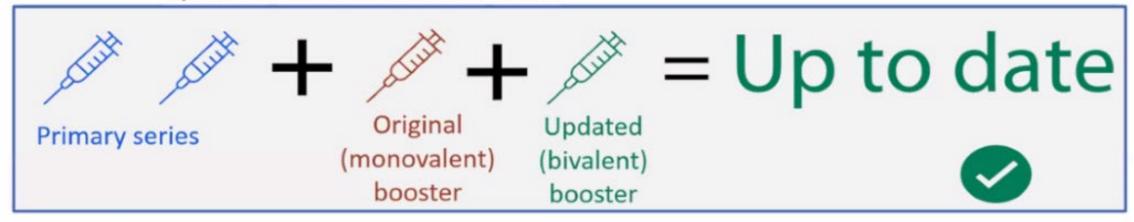
Example of How to Report: Up to Date





Example #1

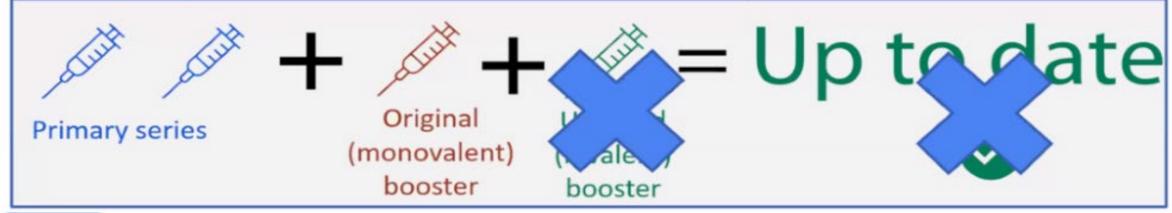
- Tom received 2 doses of the Pfizer COVID-19 vaccine and one original (monovalent) booster dose of the Moderna COVID-19 vaccine 4.5 months ago. Tom also received an updated (bivalent) booster dose of COVID-19 vaccine 2 months ago
 - Yes, Tom is up to date with COVID-19 vaccines because he received an updated bivalent booster dose.





Example #2

- Sandy received 2 doses of Pfizer COVID-19 vaccine and one original (monovalent) booster dose of the Moderna COVID-19 vaccine 2.5 months ago
 - No, Sandy is not up to date with COVID-19 vaccine because she has not yet received an updated bivalent booster, and her most recent original booster was more than 2 months ago.





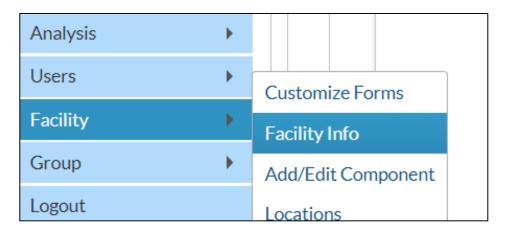
SAMS & NHSN Tips

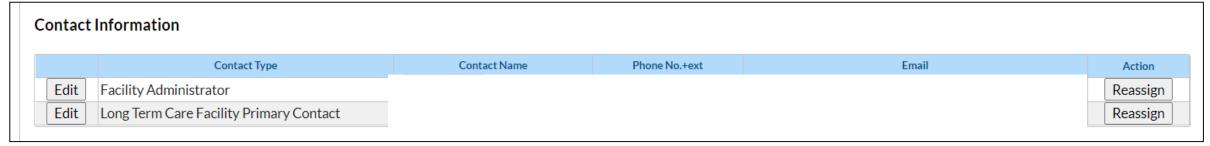


FAQ	NHSN Respons	se	
I need a temporary enrollment number to enroll my facility. Each newly enrolled facility must have a unique enrollment number. There is a one-to-one relationship between a CDC enrollment number and a facility.	Please contact	nhsn@cdc.gov	
I need to change email address in NHSN. I need to change email address in SAMS.		guidance: https://www.cdc.gov/nhsn/pdfs/gen- mail-sams-facility-508.pdf	
I have an active profile in SAMS and have been added to the facility, but I still do not have access to my NHSN facility.	address in NHS does not conta	with your NHSN Facility Admin that your email SN is identical to your SAMS email address and in any typos. The emails must be identical for ss to NHSN. (Users must check their SAMS email	
If the Facility Admin is no longer available and I need access to the facility.	https://www.c	dc.gov/nhsn/facadmin/index.html	
		I need to add an additional user to my facility.	How do I add a user to my facility? After selecting NHSN reporting, please go to the left navigational bar and click on Users>ADD and complete the required fields (marked with *) and SAVE at the bottom of the page. You will then be prompted to assign the new user rights that they will need to utilize NHSN. Click on SAVE at the bottom of page. Please check to ensure that you have made them an Active User. (If they don't have SAMS yet) Shortly after being added, they should receive an email confirmation, also asking your new user to click on the corresponding link, to agree to the Rules of Behavior. Once they agree to the Rules of Behavior, our system gets prompted automatically to submit an invite to your user for SAMS.
		I have not received my SAMS 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.

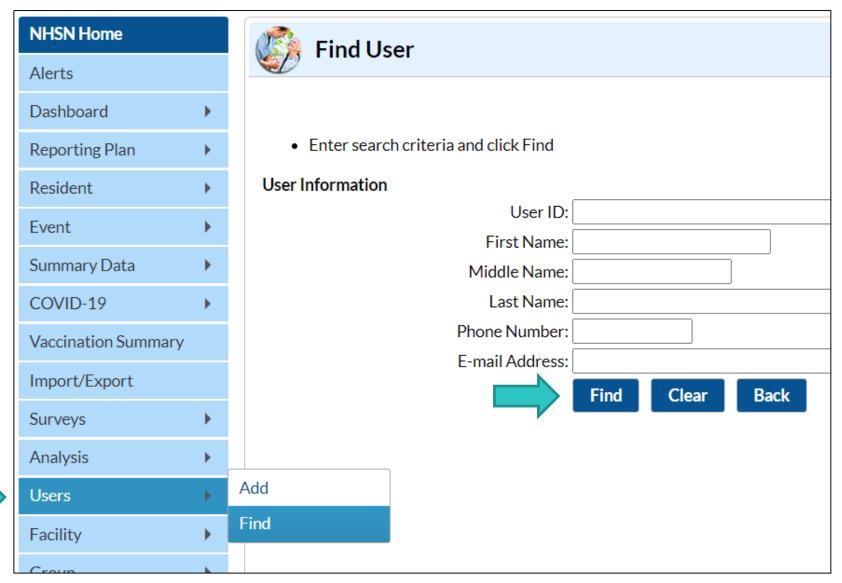
Confirm Facility Admin and Primary Contact

Facility > Facility Info > Scroll down and review the facility admin and long-term care primary contact. If the users are no longer there, deactivate them. For the facility admin, complete the Change Facility Admin Form.



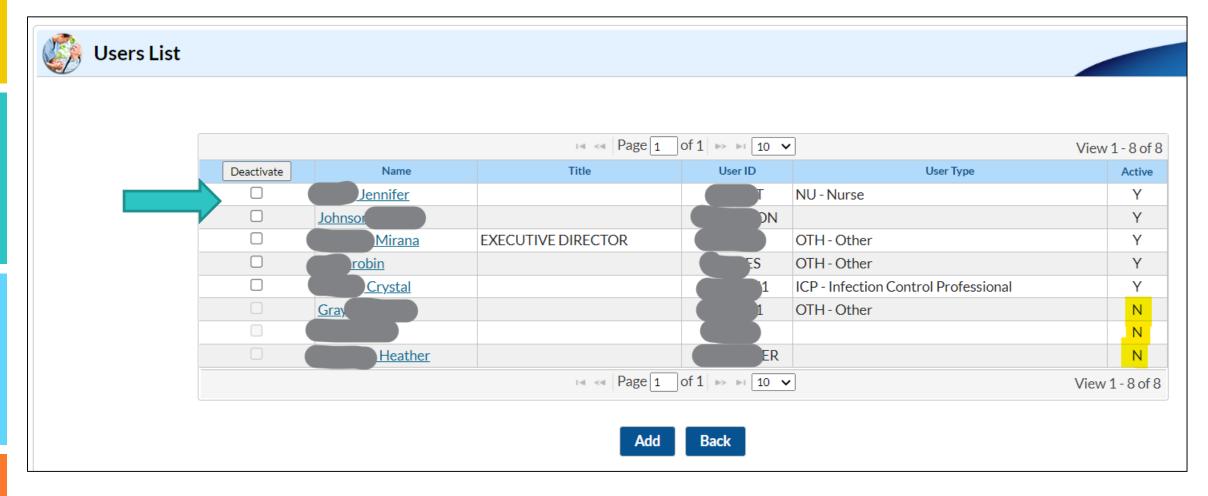


Clean Up the Users in Your NHSN Account



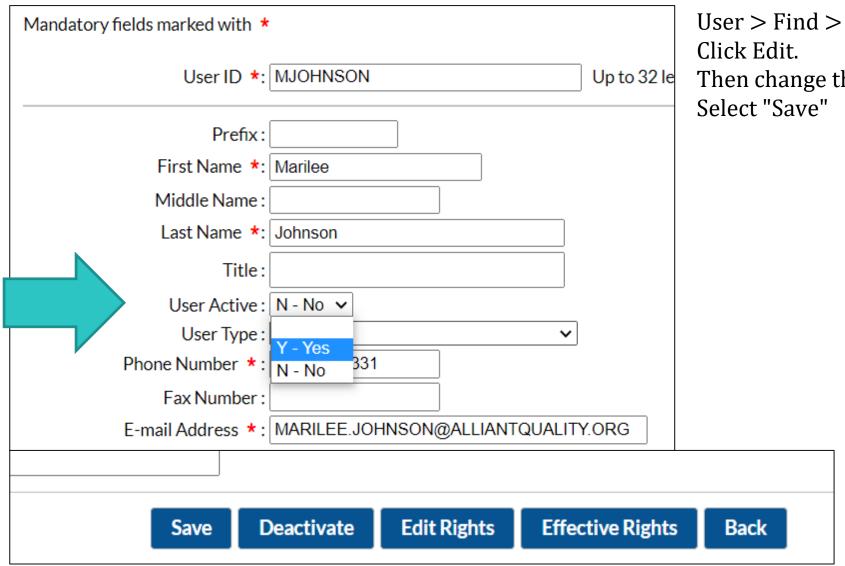


Deactivate Users Who No Longer Need Access



Check the box beside their name and click **Deactivate**.

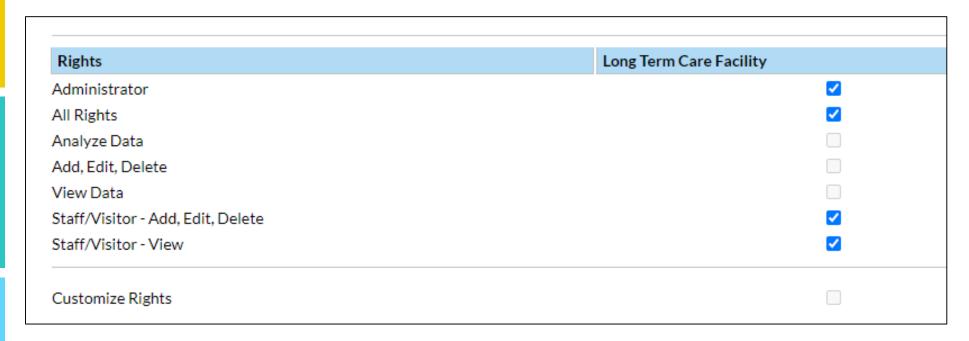
OR Go to the Contact Page and Click User Active "No"



User > Find > Find > Click on the user account. Click Edit.

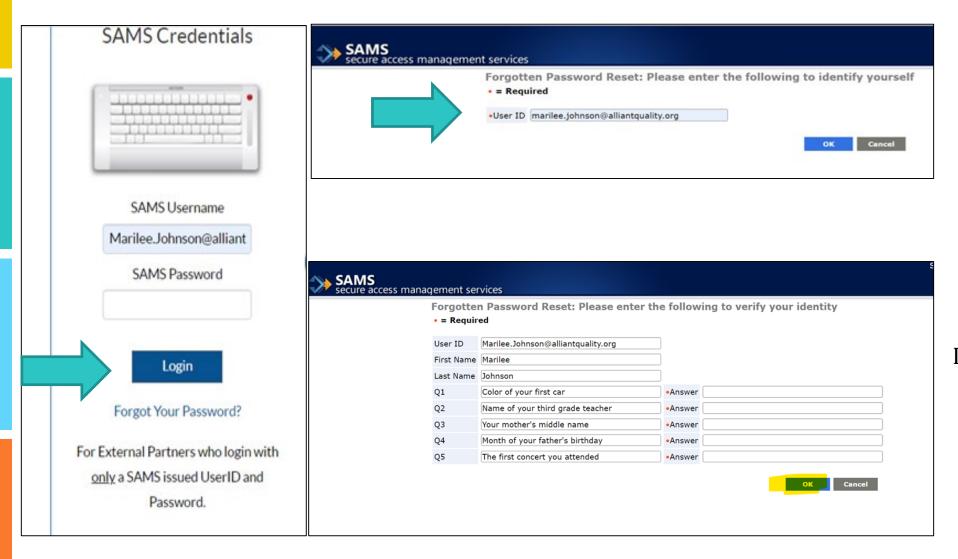
Then change the User Active to NO. Select "Save"

Ensure Users Are Assigned Rights



Hint: Double-check to ensure users have administrator rights, if applicable. If you don't have admin rights, you will be unable to add users or perform key tasks to maintain the functionality of your account.

I Forgot My Password. How Do I Reset?



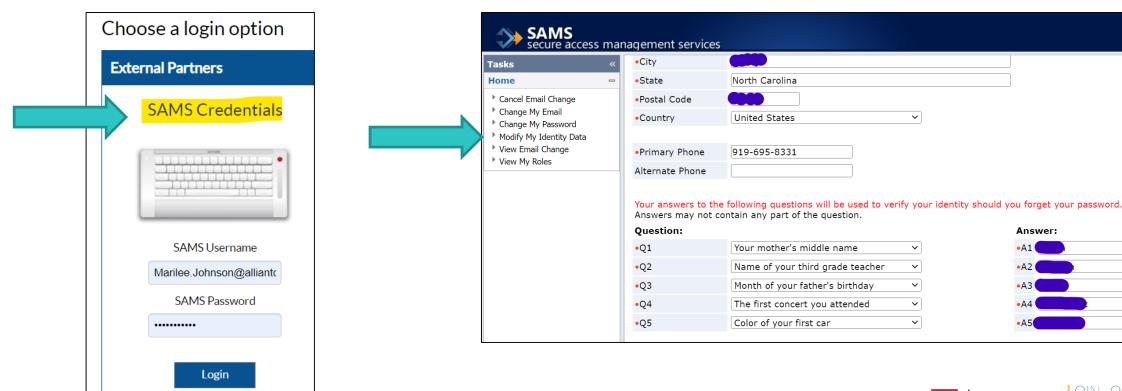
HINT: The USER ID is the email address you use to sign into the SAMS login.

Do you know your security questions? You must answer using correct capitalization.

If You Don't Remember Your Security Questions

You must request the SAMS help desk to terminate your account. Then, email nhsn@cdc.gov and request a new invitation to register. Include your email address and first and last name.

Why risk this? Print out or screenshot your security questions and save them in a secure location. Log in to https://sams.cdc.gov SAMS credential > Click on Modify My Identity Data to view your answers.



Questions or Need Help?

Please submit questions by email to nhsn@cdc.gov and put the module in the subject line for a faster response.

Facilities can contact CMS with questions about reporting requirements and quality reporting:

- Long-term care facilities weekly reporting: <u>DNH TriageTeam@cms.hhs.gov</u>
- Skilled nursing facilities quality reporting program: SNFQualityQuestions@cms.hhs.gov

Questions?



Thank You for Your Time! **Contact the Patient Safety Team**



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Mark Your Calendar!



Shop Talk 3rd Thursdays at 2 p.m. ET

Registration Links:

Thursday, November 17, 2022

Thursday, December 15, 2022

Visit our website for more info:

https://quality.allianthealth.org/topic/shop-talks/

Nursing Home and Partnership for Community Health:

CMS 12th SOW GOALS













OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

Reduce adverse drug events

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

Increase use of cardiac rehabilitation programs

Reduce instances of uncontrolled diabetes

Identify patients at highrisk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

Provide virtual events to support infection control and prevention

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff



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Alliant Health Solutions



