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
September 15, 2022
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: Donald.Chitanda@AlliantHealth.org
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: Amy.Ward@AlliantHealth.org
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, most recently, 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 has always enjoyed 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 a good horror or thriller movie.

Contact: Paula.StHill@allianthealth.org
Objectives

Agenda:

• Join our Alliant Health Solutions LTC NHSN Group
• NHSN Updates
• Influenza Vaccination Reporting
• SAMS and NHSN Tips
• Questions and Answers
Make Sure You Have 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!

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-xNHspWHhLIlrqcLGlzXZPlj1F

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. Can I use my grid card to access my new facility?
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. How do I join Alliant Health Solution’s NHSN Data Group?
NHSN COVID-19 Person-Level (Event-Level) Updates
Register for Upcoming Webinar

This email is intended for Facility and Group users of the Long Term Care Component (LTC) of NHSN.

Dear NHSN Users,

The CDC National Healthcare Safety Network (NHSN) Vaccination Unit is providing a webinar on **Monday, September 12, 2022, at 1:00 PM Eastern Time** to review recent changes and updates to the Person-Level (Event-Level) COVID-19 Vaccination Forms for residents and healthcare personnel of long-term care facilities.

**Registration**

When: Monday, September 12, 2022, at 1:00 PM Eastern Time (US and Canada)
Topic: Updates to the NHSN Event-Level (Person-Level) COVID-19 Vaccination Forms
Registration link: [https://cdc.zoomgov.com/webinar/register/WN_8GdG-nfnQRGF6AeVNth7mg](https://cdc.zoomgov.com/webinar/register/WN_8GdG-nfnQRGF6AeVNth7mg)
Event/Person Level Updates

Updates

In advance of this webinar, we wanted to provide a brief summary of updates to the Person-Level (Event-Level) COVID-19 Vaccination Forms.

1. Enhanced security for person-level staff vaccination data

   • **Action item for users:** If a user is not a facility administrator (FA) and submits person-level vaccination data for healthcare workers, the **user must have the ‘Staff/Visitor- Add, Edit, Delete’ and ‘Staff/Visitor- view’ boxes checked under user rights by 9/12 in order to continue submitting person-level staff vaccination data.** A FA or a user with administrator rights can grant these additional rights to users.

   • No change to FA rights; FAs will continue to have access to these data

2. Beginning on Monday, September 12th, the NHSN Person-Level (Event-Level) Vaccination Forms will link matching records to the other person-level/event-level records entered in the NHSN Long-term Care Facility Component (e.g., POC Tool, LabID Events). These other person-level records are stored in underlying, main resident and staff lists in NHSN. Matches are determined by resident/staff ID, name, and date of birth.
Event/Person-Level Updates

- **For existing records entered before 9/12/22:**
  - Records with a **perfect match** to an individual on an underlying main resident or staff list will be auto-linked, and gender, race, and ethnicity will be filled in. To prepare for this auto-linkage, please review the resident and staff IDs entered and ensure they match the IDs used for the same individuals if they were entered on other person-level forms.
  - Records with an **imperfect match** can be manually linked using a new Link button, and gender, race, and ethnicity will be filled in.
  - Records **without a match**: users can optionally enter gender, race, and ethnicity.

- **For new records entered on/after 9/12/22:**
  - Records **with a match** can be linked using new Find and Link buttons, and gender, race, and ethnicity will be filled in.
  - Records **without a match**: users will be required to enter gender, race, and ethnicity to save and submit.

Thank you for your efforts with submitting COVID-19 vaccination data through NHSN.

Sincerely,

NHSN Vaccination Team
NHSN “Up to Date” Update
Definition of Up To Date for NHSN Surveillance

Review the definition of Up To Date using this link in your weekly vaccine summary.

Many examples of Up To Date are provided in the document linked above, as well as the previous definition and examples from reporting period Quarter 4, 2021.

The current definition through Sept. 25, 2022:

<table>
<thead>
<tr>
<th>Up to Date</th>
<th>Question 5 asks about individuals who are up to date. Please review the current definition of up to date: <a href="https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf">https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. <strong>Cumulative number</strong> of residents in question #2 who are up to date with COVID-19 vaccines</td>
</tr>
</tbody>
</table>

**Remember!** The NHSN Surveillance definition of Up to Date for reporting purposes differs from the infection prevention guidelines for isolation/quarantine.
Current Up To Date Definition (June 27, 2022)

**Reporting Period Quarter 3 2022 (June 27, 2022 – September 25, 2022)**

The following definitions apply when reporting data through the NHSN COVID-19 Vaccination Modules for the reporting period of Quarter 3, 2022 (representing vaccination data for June 27, 2022 – September 25, 2022).

**Up to date with COVID-19 vaccines (Please note that changes for Quarter 3 2022 are highlighted in yellow.)**

*Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of June 27, 2022 through September 25, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:  

<table>
<thead>
<tr>
<th>If Under 50 Years:</th>
<th>If 50 Years and Older:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received at least one booster dose</td>
<td><strong>Received second booster dose (or received first booster dose less than 4 months ago and not yet eligible for a second booster dose)</strong></td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose. This includes:</td>
<td>Recently received all recommended doses in the primary vaccine series** but is not yet eligible for a booster dose. This includes:</td>
</tr>
<tr>
<td>a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago.</td>
<td>a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago.</td>
</tr>
<tr>
<td>b) Those who received a single dose of Janssen less than two months ago.</td>
<td>b) Those who received a single dose of Janssen less than two months ago.</td>
</tr>
</tbody>
</table>

*Reference this definition on the CDC website regularly.  
New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. They are recommended for most people.

Use this tool to determine when or if you (or your child) can get one or more COVID-19 boosters.

This tool is intended to help you make decisions about getting COVID-19 vaccinations. It should not be used to diagnose or treat COVID-19.

New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

How old are you (or your child)?

- 6 months–4 years
- 5–11 years
- 12–17 years
- 18–49 years
- 50 years and older

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have **different recommendations for COVID-19 vaccines**.

Find Out When You Can Get Your Booster

Do you have a weakened immune system (are you moderately or severely immunocompromised)?

Yes

No

People are considered to be moderately or severely immunocompromised due to several types of conditions and treatments. Examples include:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received chimeric antigen receptor (CAR)-T-cell therapy (a treatment to help your immune system attach to and kill cancer cells) or received a stem cell transplant (within the last 2 years)
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are up to date with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Which vaccine doses did you receive for your primary series?

- 2 doses of an mRNA vaccine (Pfizer-BioNTech, Moderna)
- 1 dose of Johnson & Johnson's Janssen
- 2 doses of Novavax
- A different vaccine outside the United States
- A different vaccine as part of a research study
- None of the above

New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?
You are up to date with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Have you had an updated booster?

Yes
No

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html).

Find Out When You Can Get Your Booster

Your responses

- Age: 50 years or older
- Primary series: Pfizer-BioNTech or Moderna
- Updated booster received: yes

You are **up to date** with your COVID-19 vaccines. At this time, you are not eligible for additional doses.

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Have you had an updated booster?

- Yes
- No

New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are up to date with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Has it been 2 months or longer since your last COVID-19 vaccine?

Yes

No

New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are up to date with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Your responses

- Age: 50 years or older
- Primary series: Pfizer-BioNTech or Moderna
- Updated booster received: no
- Length of time since last COVID-19 vaccine: At least 2 months ago

Based on your responses, you should also get an updated booster.

You are considered up to date with your COVID-19 vaccines immediately after getting your updated booster.

New?? Up To Date Definition (Sep 2, 2022)

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.

Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.

Find Out When You Can Get Your Booster

Your responses

- Age: 50 years or older
- Primary series: Pfizer-BioNTech or Moderna
- Updated booster received: no
- Length of time since last COVID-19 vaccine: Less than 2 months ago

You are **up to date** with your COVID-19 vaccines.

You should also get an **updated booster** once it has been at least **2 months** since your last COVID-19 vaccine.

New?? Up To Date Definition (Sep 2, 2022)

**New?? Up To Date Definition (Sep 2, 2022)**

Pre-teens, Teens and Adults Who Are Moderately or Severely Immunocompromised

<table>
<thead>
<tr>
<th>Pfizer-BioNTech</th>
</tr>
</thead>
</table>

**AGE GROUP**

12 YEARS AND OLDER

**1st Dose**

**PRIMARY SERIES**

**2nd Dose**

**PRIMARY SERIES**

3 weeks after 1st dose

**3rd Dose**

**PRIMARY SERIES**

At least 4 weeks after 2nd dose

**4th Dose**

**UPDATED BOOSTER**

At least 2 months after 3rd dose or last booster, and can only be Pfizer-BioNTech

**Up to Date:** Immediately after the most recent booster recommended for you [1]

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# New?? Up To Date Definition (Sep 2, 2022)

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## Moderna

### AGE GROUP

**18–49 YEARS**

<table>
<thead>
<tr>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY SERIES</td>
<td>PRIMARY SERIES</td>
<td>UPDATED BOOSTER</td>
</tr>
</tbody>
</table>

- **4–8 weeks after 1st dose**[^1]
- At least 2 months after 2nd dose or last booster, and can be Pfizer-BioNTech or Moderna

**Up to Date:** Immediately after you have received the most recent booster recommended for you[^2]

### AGE GROUP

**50 YEARS AND OLDER**

<table>
<thead>
<tr>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY SERIES</td>
<td>PRIMARY SERIES</td>
<td>UPDATED BOOSTER</td>
</tr>
</tbody>
</table>

- **4–8 weeks after 1st dose**[^1]
- At least 2 months after 2nd dose or last booster, and can be Pfizer-BioNTech or Moderna

[^1]: [1]
[^2]: [2]

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**New?? Up To Date Definition (Sep 2, 2022)**

Pre-teens, Teens and Adults Who Are Moderately or Severely Immunocompromised

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>18 YEARS AND OLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Dose</td>
<td>PRIMARY SERIES</td>
</tr>
<tr>
<td>2nd Dose</td>
<td>PRIMARY SERIES</td>
</tr>
<tr>
<td>3rd Dose</td>
<td>PRIMARY SERIES</td>
</tr>
</tbody>
</table>

**1st Dose**
- PRIMARY SERIES

**2nd Dose**
- PRIMARY SERIES
- 4 weeks after 1st dose

**3rd Dose**
- PRIMARY SERIES
- At least 4 weeks after 2nd dose

**4th Dose**
- UPDATED BOOSTER
- At least 2 months after 3rd dose or last booster, and can be Pfizer-BioNTech or Moderna

**Up to Date:** Immediately after the most recent booster recommended for you [1]

New?? Up To Date Definition (Sep 2, 2022)

**New?? Up To Date Definition (Sep 2, 2022)**

**Pre-teens, Teens and Adults Who Are Moderately or Severely Immunocompromised**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 YEARS AND OLDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY SERIES</td>
<td>ADDITIONAL DOSE</td>
<td>UPDATED BOOSTER</td>
</tr>
<tr>
<td>At least 4 weeks after 1st dose and should be Pfizer-BioNTech or Moderna</td>
<td>At least 2 months after 2nd dose or last booster, and can be Pfizer-BioNTech or Moderna</td>
<td></td>
</tr>
</tbody>
</table>

**Up to Date:** Immediately after you have received the most recent booster recommended for you. [13]

New?? Up To Date Definition (Sep 2, 2022)

Novavax

AGE GROUP
18 YEARS AND OLDER

1st Dose
PRIMARY SERIES

2nd Dose
PRIMARY SERIES
3–8 weeks after 1st dose [1]

3rd Dose
UPDATED BOOSTER
At least 2 months after 2nd dose, and can be Pfizer-BioNTech or Moderna

Up to Date: Immediately after you have received the most recent booster recommended for you [2]

New?? Up To Date Definition (Sep 2, 2022)

FAQs

Boosters

Do I need a COVID-19 vaccine booster?

Yes. Recent data suggest COVID-19 vaccine effectiveness at preventing infection or severe illness wanes over time, especially for certain groups of people, such as people ages 65 years and older and people with immunocompromise.

The emergence of COVID-19 variants further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.

Data show that an mRNA booster increases the immune response, which improves protection against getting a serious COVID-19 infection.

CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone 5 years and older, if eligible.
FAQs

Am I still considered “fully vaccinated” if I don’t get a booster?

Yes, the definition of fully vaccinated does not include a booster. Everyone, except those who are moderately or severely immunocompromised, is still considered fully vaccinated two weeks after their second dose in a two-dose series, such as the Pfizer-BioNTech and Moderna vaccines, or two weeks after the single-dose J&J/Janssen vaccine. Fully vaccinated, however, is not the same as having the best protection. People are best protected when they stay up to date with COVID-19 vaccinations, which includes getting boosters when eligible.
Am I still considered “fully vaccinated” if I don’t get a booster?

Yes, the definition of fully vaccinated does not include a booster. Everyone, except those who are moderately or severely immunocompromised, is still considered fully vaccinated two weeks after their second dose in a two-dose series, such as the Pfizer-BioNTech and Moderna vaccines, or two weeks after the single-dose J&J/Janssen vaccine. Fully vaccinated, however, is not the same as having the best protection. People are best protected when they stay up to date with COVID-19 vaccinations, which includes getting boosters when eligible.

Does the definition of “up to date” include boosters?

Yes. You are up to date if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC.
Influenza Vaccination Reporting Update
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

Healthcare Personnel Influenza Vaccination Summary for Long-Term Care Facilities

<table>
<thead>
<tr>
<th>Facility ID #</th>
<th>9979</th>
<th>Vaccination type</th>
<th>Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza subtype</td>
<td>SEASONAL - Seasonal</td>
<td>Influenza Season</td>
<td></td>
</tr>
<tr>
<td>Week of Data Collection</td>
<td>09/05/2022 - 09/11/2022</td>
<td>Date Last Modified</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare Personnel (HCP) Categories

Ancillary services employees *(environmental, laundry, maintenance and dietary services)*

Nurse employees *(registered nurse and licensed practical/vocational nurses)*

Aide, assistant and technician employees *(certified nursing assistants, nurse-aides, medication aides, and medication assistants)*

Therapist employees *(respiratory, occupational, physical, speech, music, etc. therapists and therapy assistants)*

Physician and licensed independent practitioner employees *(physicians, residents, fellows, advanced practice nurses, physician assistants)*

Other HCP Persons not included in the employee categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees

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

2. Cumulative number of HCP in question #1 that received an influenza vaccination at this healthcare facility since influenza vaccine became available this season

3. Cumulative number of HCP in question #1 that provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season

Vaccine Availability

*Has your facility received its supply of influenza vaccine for the current influenza season?*

*Is your facility currently experiencing a shortage of influenza vaccine for the current influenza season?*
NHSN COVID-19 Pathway Updates
COVID-19 Pathway Data Reporting Updates

As of July 30, 2022

• Reporting guidance has not changed for the COVID-19 Surveillance Pathways

• Utilize the table of instructions for each pathway

• Utilize the NHSN COVID-19 webpage to locate resources, including:
  • Forms
  • Tables of instructions
  • CSV file layout documents and templates
  • Guidance documents
COVID-19 Pathway Updates

• Resident Impact
  • Table of instructions updated with additional information regarding up to date and clarity regarding this data element
  • [https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf](https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf)

• Staff and Personnel Impact
  • Instructions updated to include information regarding how to report re-testing of staff

• Therapeutics
  • Checkbox labeled "did not administer any therapeutics" added to auto-fill all fields with "0"
  • Do not leave any fields blank – you must enter a value
NHSN Long-Term Care Facility Component Updates

2. If it is not passing QA, check your alerts on the home screen (you should do this every week).
3. If you see an alert, take the time to review, edit and confirm.
4. Contact CMS data.gov if you have concerns.

CMS Expert Help Desk: NH_COVID_Data@cms.hhs.gov

Click [here](https://data.cms.gov) to view the definitions on the data.cms.gov website.

Analysis resources:
- [COVID-19 Module Data Alerts [PDF – 500 KB]](https://data.cms.gov) – April 5, 2021
- [Correcting COVID-19 Module Data [PDF – 600 KB]](https://data.cms.gov) – April 5, 2021
Alerts on Your Dashboard

Refer to the [NHSN Data Quality Alerts](#) information sheet
1. On the Alerts page, select Action Items
2. Click on COVID-19 Data Alerts
3. Click on the purple QA alert
4. The flagged data will appear highlighted
5. Review and correct the data and select Save
6. Data alert will then be removed from the NHSN alert list

![NHSN Data Quality Alerts](image-url)
Use the Event Level Forms To Submit Vaccine Data

- No longer green rows to designate if data was submitted.
- The logic for the new up-to-date definition has been added and applied to all weeks beginning June 27.
- Requires date of birth to be entered for all individuals in the facility (age is part of the up-to-date definition).
Click View Reporting Summary and Submit

Be sure the drop-down "week of data collection" shows the correct week you are reporting.
Edit Your Data if Needed

Open the week you want to edit in the calendar and edit your data, then save it.
How Do I Upload the Event Level Form Data?

As a reminder, the Optional Excel Data Tracking Worksheet has been retired. During the early transition phase, we provided one-time instructions on how to upload data tracking worksheet information into the Event-Level Form. **This was meant to be a one-time data transfer. Please do not upload the Optional Excel Data Tracking Worksheet to the Event-Level forms for weeks beginning with June 2022.** The Optional Excel Data Tracking Worksheets do not contain the new variables added in the May release. If you want to upload data to the Event-Level (Person-Level) forms, please follow the instructions here: [https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf](https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf) to submit data via a .CSV template.

**LTCF Event-Level (Person-Level) HCP Templates and Examples**


**LTCF Event-Level (Person-Level) Residents Templates and Examples**


SAMS & NHSN Tips
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

Find User

- Enter search criteria and click Find

User Information

User ID:
First Name:
Middle Name:
Last Name:
Phone Number:
E-mail Address:

Find  Clear  Back
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

<table>
<thead>
<tr>
<th>Rights</th>
<th>Long Term Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>✓</td>
</tr>
<tr>
<td>All Rights</td>
<td>✓</td>
</tr>
<tr>
<td>Analyze Data</td>
<td></td>
</tr>
<tr>
<td>Add, Edit, Delete</td>
<td></td>
</tr>
<tr>
<td>View Data</td>
<td></td>
</tr>
<tr>
<td>Staff/Visitor - Add, Edit, Delete</td>
<td>✓</td>
</tr>
<tr>
<td>Staff/Visitor - View</td>
<td>✓</td>
</tr>
<tr>
<td>Customize Rights</td>
<td></td>
</tr>
</tbody>
</table>

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: DNH_TriageTeam@cms.hhs.gov
- Skilled nursing facilities quality reporting program: SNFQualityQuestions@cms.hhs.gov
Questions?
Complete the Post-Event Assessment to Receive Credit

Thank You for Your Time!
Contact the Patient Safety Team

Amy Ward, MS, BSN, RN, CIC
Patient Safety Manager
Amy.Ward@AlliantHealth.org
678.527.3653

Donald Chitanda, MPH, CIC
Technical Advisor, Infection Prevention
Donald.Chitanda@AlliantHealth.org 678.527.3651

Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist
Erica.Umeakunne@AlliantHealth.org

Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.St.Hill@AlliantHealth.org
Mark Your Calendar!

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

Registration Links:
Thursday, October 20, 2022
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

<table>
<thead>
<tr>
<th><strong>OPIOID UTILIZATION AND MISUSE</strong></th>
<th><strong>PATIENT SAFETY</strong></th>
<th><strong>CHRONIC DISEASE SELF-MANAGEMENT</strong></th>
<th><strong>CARE COORDINATION</strong></th>
<th><strong>COVID-19</strong></th>
<th><strong>IMMUNIZATION</strong></th>
<th><strong>TRAINING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote opioid best practices</td>
<td>Reduce hospitalizations due to c. diff</td>
<td>Increase instances of adequately diagnosed and controlled hypertension</td>
<td>Convene community coalitions</td>
<td>Support nursing homes by establishing a safe visitor policy and cohort plan</td>
<td>Increase influenza, pneumococcal, and COVID-19 vaccination rates</td>
<td>Encourage completion of infection control and prevention trainings by front line clinical and management staff</td>
</tr>
<tr>
<td>Reduce opioid adverse drug events in all settings</td>
<td>Reduce adverse drug events</td>
<td>Increase use of cardiac rehabilitation programs</td>
<td>Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits</td>
<td>Provide virtual events to support infection control and prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduce facility acquired infections</td>
<td>Reduce instances of uncontrolled diabetes</td>
<td>Identify and promote optimal care for super utilizers</td>
<td>Support nursing homes and community coalitions with emergency preparedness plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>