

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

January 19, 2023

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

PATIENT SAFETY MANAGER

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 Centers 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 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.

Contact: Paula.StHill@allianthealth.org



Objectives

Agenda:

- Join our Alliant Health Solutions LTC NHSN Group
- COVID-19 Statistics
- Annual Survey
- 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.

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

Memberships

Groups that have access to this facility's data

- Alliant Health Solutions - LTC (83378) **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

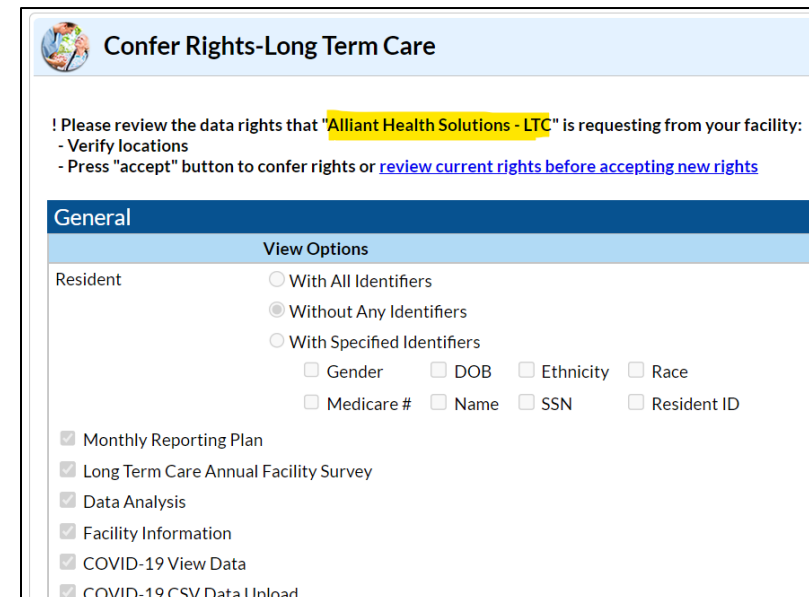
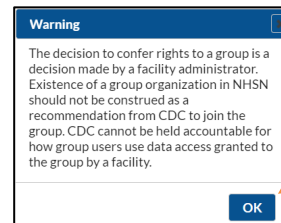
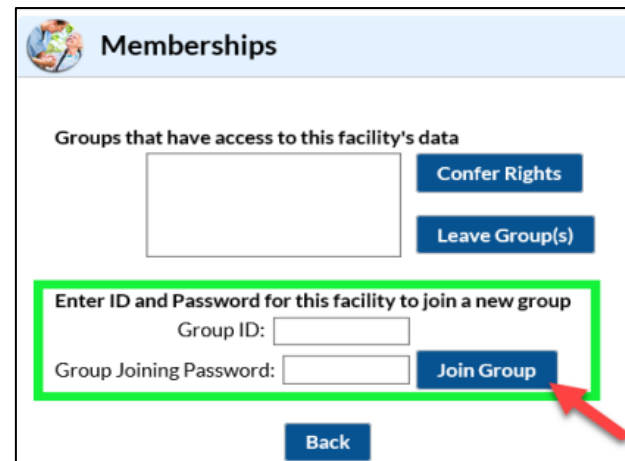
Join

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/TO1_NHSNGroups_12SOW-AHSQIN-QIO-TO1NH-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-xNHspWHhLlIrrqcLGlzXZPIjIF>

[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?](#)

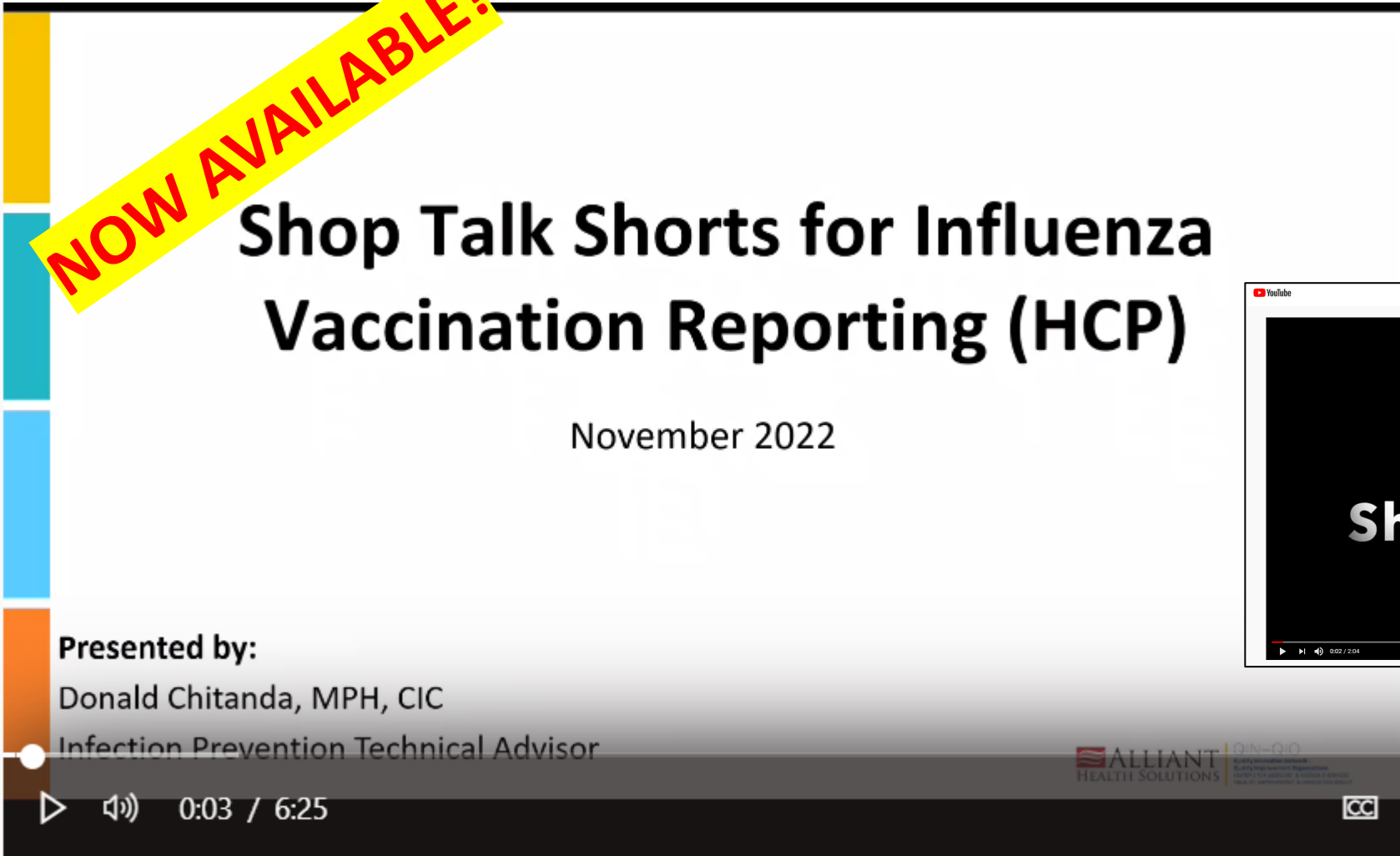
[I am leaving, how do I reassign another NHSN facility administrator?](#)

I want to receive technical assistance. [How do I join Alliant Health Solution's NHSN Data Group?](#)



Shop Talk Shorts YouTube Channel

Instructional videos to answer technical questions related to NHSN.



NOW AVAILABLE!

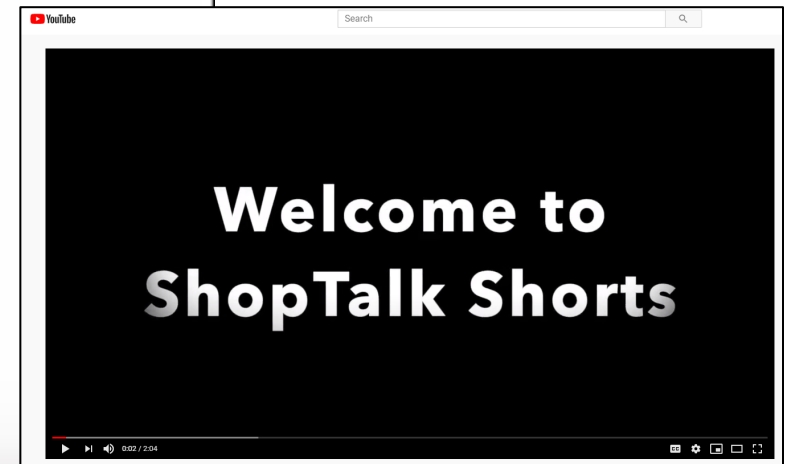
Shop Talk Shorts for Influenza Vaccination Reporting (HCP)

November 2022

Presented by:
Donald Chitanda, MPH, CIC
Infection Prevention Technical Advisor

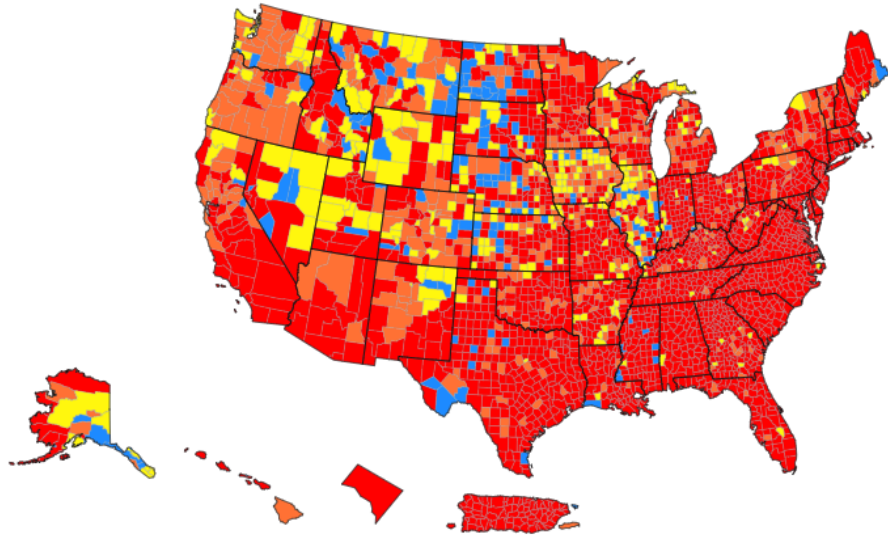
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ALLIANT HEALTH SOLUTIONS | QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAL SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP



COVID-19 STATISTICS

COVID-19 Statistics



Community Transmission in US by County

	Total	Percent	% Change
High	2301	71.42%	0.71%
Substantial	473	14.68%	- 0.74%
Moderate	281	8.72%	0.53%
Low	167	5.18%	- 0.5%

How is community transmission calculated?

● High
 ● Substantial
 ● Moderate
 ● Low
 No Data

Current 7-days is Thu Jan 05 2023 - Wed Jan 11 2023 for case rate and Tue Jan 03 2023 - Mon Jan 09 2023 for percent positivity. The percent change in counties at each level of transmission is the absolute change compared to the previous 7-day period.

COVID-19 Statistics

COVID-19 Vaccinations in the United States

Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET[†]

[The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.](#)

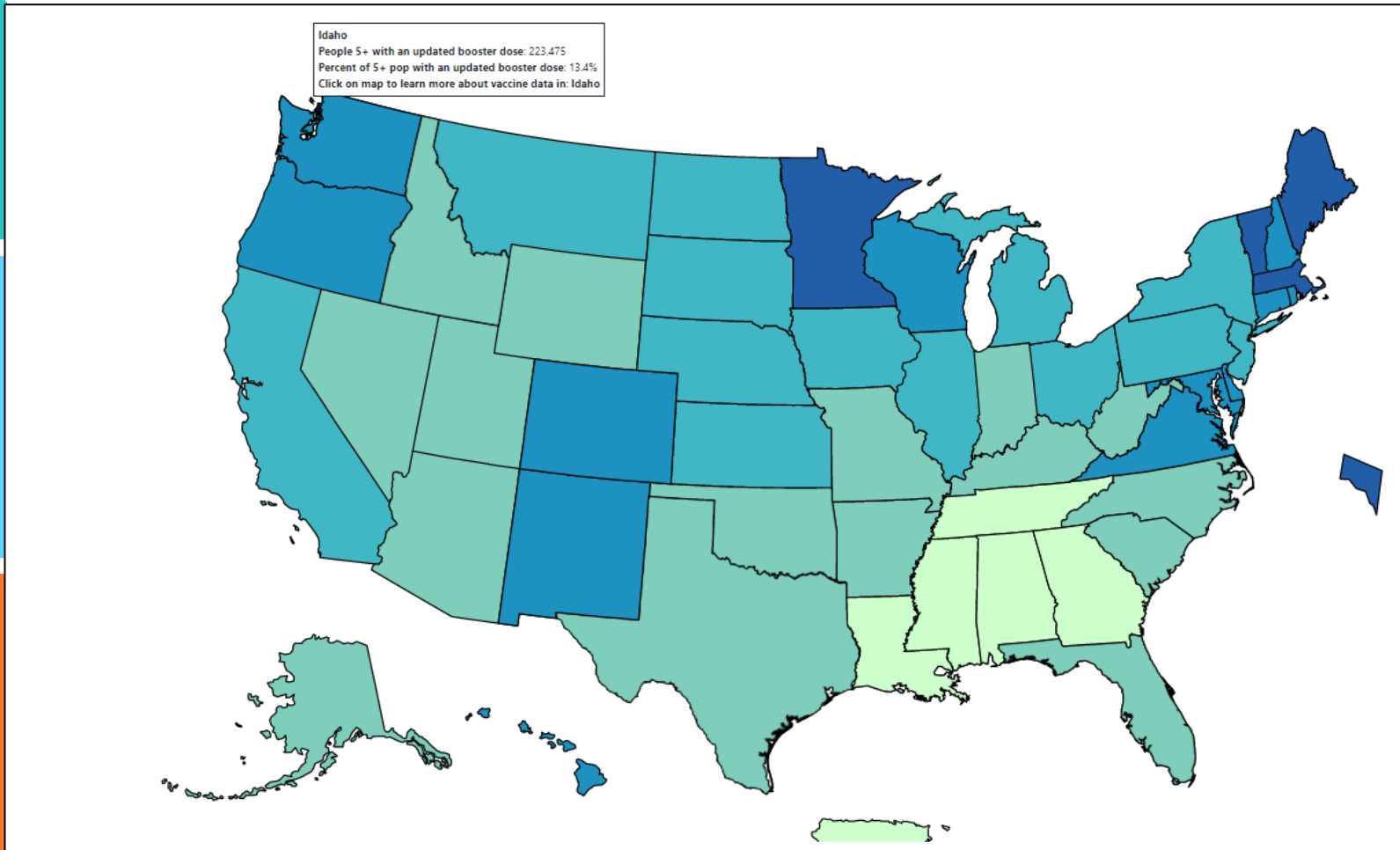
Total Vaccine Doses		At Least One Dose	Completed Primary Series	Updated (Bivalent) Booster Dose
Distributed	947,249,345	Vaccinated People		Count
Administered	666,511,603			Percent of US Population
<p>1.75M</p> <p>Children < 5 years of age with at least one dose since June 18, 2022</p> <p>See Vaccination Demographic Trends for more information.</p>		Total	268,556,888	80.9%
		Population ≥ 5 Years of Age	266,616,782	85.4%
		Population ≥ 12 Years of Age	255,260,888	90%
		Population ≥ 18 Years of Age	237,108,015	91.8%
<p>49.6M</p> <p>People ≥ 5 years of age with an updated (bivalent) booster dose*</p>		Population ≥ 65 Years of Age	58,631,223	95%

[About These Data](#) | [View Footnotes and Download Data](#)

CDC | Data as of: January 11, 2023 6:00am ET. Posted: January 12, 2023

COVID-19 Statistics

Percent of the Population 5 Years of Age and Older with an Updated (Bivalent) Booster Dose Reported to CDC by Jurisdictions and Select Federal Entities



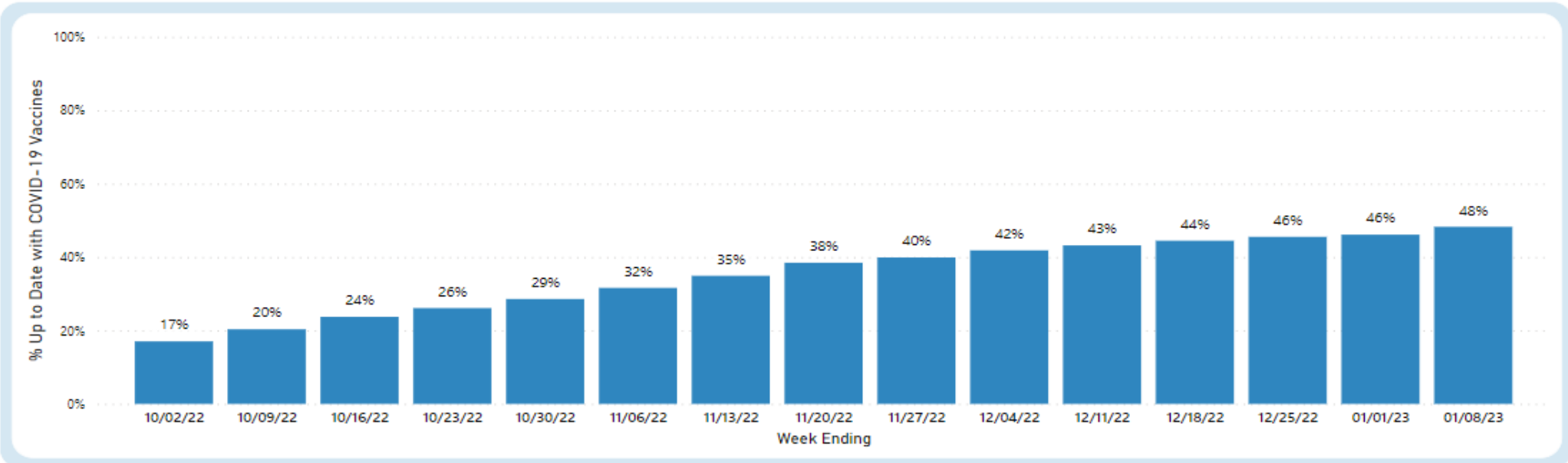
COVID-19 Statistics



Subset¹ of Nursing Homes Voluntarily Reporting Detailed Vaccination Data: Up to Date with COVID-19 Vaccines, Nursing Home Residents, by Week – United States



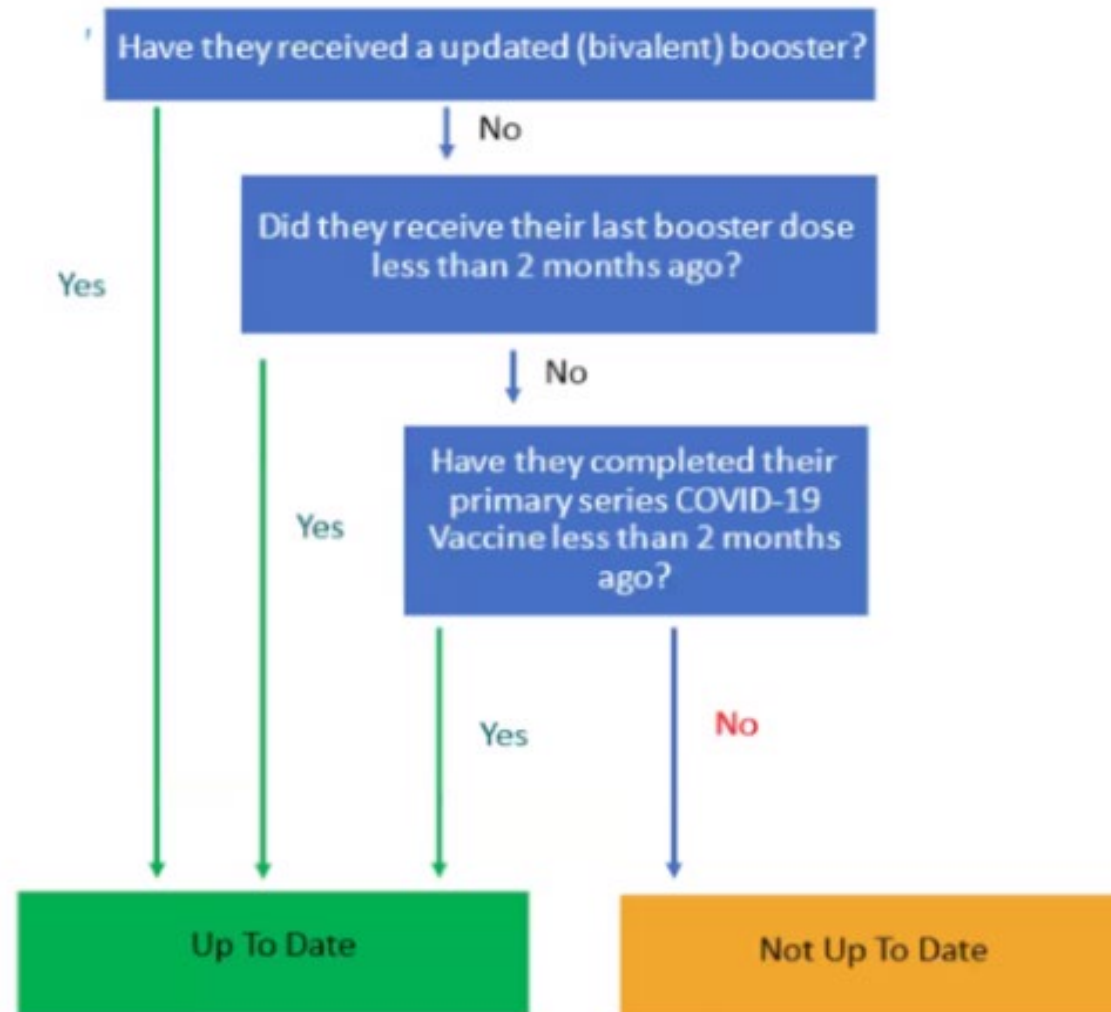
Up to Date: Receipt of bivalent booster dose or completion of primary series in the last two months



1. A subset of approximately 1,544 nursing homes voluntarily report detailed vaccination data weekly, including the dates, types, and number of vaccination doses administered for each resident (in contrast to the standard data submission where facilities submit weekly totals). The NHSN application calculates the total number of individuals who are up to date for this subset of facilities. Data from this subset are shown here. To view data nationally and by jurisdiction on nursing home residents who are up to date with COVID-19 vaccines among all nursing homes (including the subset shown here and those that submit weekly vaccination totals), please view the dashboard below, titled *Percentage of Nursing Home Residents who are Up to Date with COVID-19 Vaccines, by State and Week — United States*.
2. The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. On week-ending 10/2/2022, the up to date definition was updated to include bivalent boosters. Individuals are considered up to date if they received a bivalent booster (or completed their primary series in the last 2 months). See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.
3. Up to date calculation excludes individuals with medical contraindication from denominator.

Data as of 1/9/2023 5:30 AM

Flow Chart: Up to Date with COVID-19 Vaccines



Annual Survey



NHSN Long Term Care Facility Component Home Page

▶ Long Term Care Dashboard

▼ Action Items

COMPLETE THESE ITEMS

Survey Requirements

2022





Add Annual Survey

Mandatory fields marked with *

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

Survey Year *: 2022 ▾

National Provider ID *:

State Provider #:



[Print Form](#)



Facility Characteristics

Facility ownership *:

Certification *:

Affiliation *:

In the previous calendar year,

Average daily census *:

Total number of short-stay residents *:

Average length of stay for short-stay residents:

Total number of long-stay residents *:

Average length of stay for long-stay residents:

Total number of new admissions *:

Total Number of Beds *:

Number of Pediatric Beds (age <21) *:

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):



- Surveys ▶ Add
- Analysis ▶ Find



Find Annual Survey

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

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

Survey Year: 2021 ▾

[Find](#) [Clear](#) [Back](#)

Annual Survey

Mandatory fields marked with *

[Print Form](#)

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

Survey Year *: 2022 ▾

National Provider ID *:

State Provider #:

Facility Characteristics

Facility ownership *:

Certification *:

Affiliation *:

In the previous calendar year,

Average daily census *:

Total number of short-stay residents *:

Average length of stay for short-stay residents:

Total number of long-stay residents *:

Average length of stay for long-stay residents:

Total number of new admissions *:

Total Number of Beds *:

Number of Pediatric Beds (age <21) *:

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):

Primary Service Type	Service Provided?	Number of residents
a. Long-term general nursing *	<input type="checkbox"/>	<input type="text"/>
b. Long-term dementia *	<input type="checkbox"/>	<input type="text"/>
c. Skilled nursing/Short-term (subacute) rehabilitation *	<input type="checkbox"/>	<input type="text"/>
d. Long-term psychiatric (non dementia) *	<input type="checkbox"/>	<input type="text"/>
e. Ventilator *	<input type="checkbox"/>	<input type="text"/>
f. Bariatric *	<input type="checkbox"/>	<input type="text"/>
g. Hospice/Palliative *	<input type="checkbox"/>	<input type="text"/>
h. Other *	<input type="checkbox"/>	<input type="text"/>

Total Resident Census on Survey Day:

0

Annual Survey

Facility **Microbiology** Laboratory Practices

1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing? *
2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms: (check all that apply) *
 - We do not screen new admissions for MDROs
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Vancomycin-resistant *Enterococcus* (VRE)
 - Multidrug-resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)
3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? *
 - Enzyme immunoassay (EIA) for toxin
 - Cell cytotoxicity neutralization assay
 - Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
 - NAAT plus EIA, if NAAT positive (2-step algorithm)
 - Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
 - GDH plus NAAT (2-step algorithm)
 - GDH plus EIA for toxin, followed by NAAT for discrepant results
 - Culture (*C. difficile* culture followed by detection of toxins)
 - Other (specify)
4. Does your laboratory provide a report summarizing the percent of antibiotic resistance seen in common organisms identified in cultures sent from your facility (often called an antibiogram)? *

Annual Survey

Infection Control Practices

5. Total staff hours per week dedicated to infection prevention and control activity in facility:* _____

a. Total hours per week performing surveillance:* _____

b. Total hours per week for infection prevention and control activities other than surveillance:* _____

6. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with MRSA?*

- ALL - Yes, all infected and colonized residents
- ACTIVE - Yes, only residents with active infection
- HIGH RISK - Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- NO - No

7. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with VRE?*

- ALL - Yes, all infected and colonized residents
- ACTIVE - Yes, only residents with active infection
- HIGH RISK - Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- NO - No

8. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with CRE?*

- ALL - Yes, all infected and colonized residents
- ACTIVE - Yes, only residents with active infection
- HIGH RISK - Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- NO - No

9. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with ESBL-producing or extended spectrum cephalosporin resistant Enterobacteriaceae?*

- ALL - Yes, all infected and colonized residents
- ACTIVE - Yes, only residents with active infection
- HIGH RISK - Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- NO - No

10. When a resident colonized or infected with an MDRO is transferred to another facility, does your facility communicate the resident's MDRO status to the receiving facility at the time of transfer?*

11. Among residents with an MDRO admitted to your facility from other healthcare facilities, what percentage of the time does your facility receive information from the transferring facility about the resident's MDRO status?* ____%

Annual Survey

Antibiotic Stewardship Practices

12. Are there one or more individuals responsible for the impact of activities to improve use of antimicrobials at your facility? *
13. Does your facility have a policy that requires prescribers to document an indication for all antimicrobials in the medical record or during order entry? *
14. Does your facility provide treatment recommendations for common infections based on national guidelines to assist with antimicrobial decision making? *
15. Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antimicrobial start to determine whether the antimicrobial is still indicated and appropriate (e.g. antibiotic time out)? *
16. Is there a formal procedure for reviewing courses of antimicrobial therapy and communicating with prescribers on antimicrobial selection, dosing, or duration of therapy (i.e., audit and feedback) at your facility? *
17. Does your facility have a system for tracking antimicrobial use? *
18. Has your facility provided education to clinicians and other facility staff on improving antimicrobial use in the past 12 months? *
19. Does your facility have a written statement of support from leadership that supports efforts to improve antimicrobial use? *
20. Are antimicrobial use and resistance data reviewed by leadership in quality assurance/performance improvement committee meetings? *
21. Does your facility have access to individual(s) with antimicrobial stewardship expertise (e.g., consultant pharmacist trained in antimicrobial stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant)? *

Annual Survey

Electronic Health Record Utilization

22. Indicate whether any of the following are available in an electronic health record (check all that apply) *:

- Microbiology lab culture and antimicrobial susceptibility results
- Medication orders
- Medication administration record
- Resident vital signs
- Resident admission notes
- Resident progress notes
- Resident transfer or discharge notes
- None of the above

Annual Survey

Facility Water Management and Monitoring Program

23. Have you ever conducted a facility risk assessment to identify where *Legionella* and other opportunistic waterborne pathogens (e.g. *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system (e.g., piping infrastructure)? Yes No

24. Does your facility have a water management program to prevent the growth and transmission of *Legionella* and other opportunistic waterborne pathogens?
 Yes No

25. Do you regularly monitor the following parameters in your building's water system? (Check all that apply)

Disinfectant (such as residual chlorine)

Yes No

Temperature

Yes No

Heterotrophic plate counts

Yes No

Specific tests for *Legionella*

Yes No

Save

Back

Influenza Vaccination Reporting

Influenza Vaccination Reporting

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 physically present 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

Influenza Vaccination Reporting

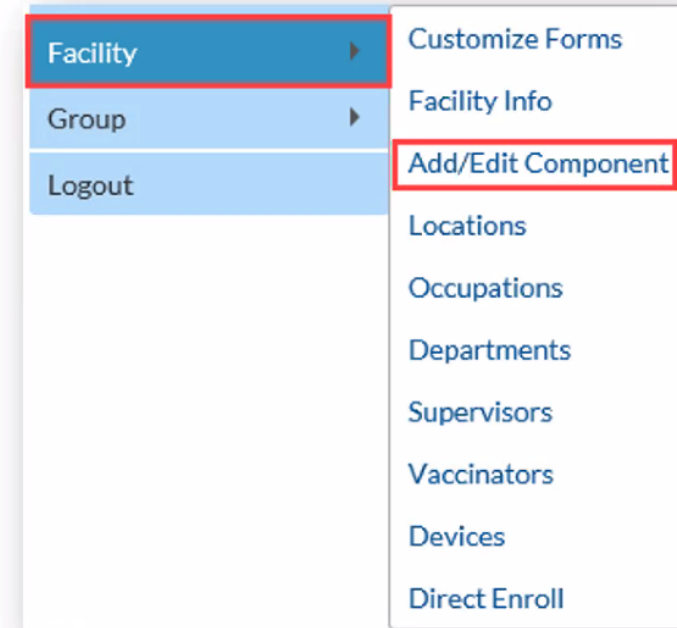
Key Things to Remember:

- Deadline to enter data is **May 15**
 - Reporting period—October to March 31
- Reporting influenza vaccination data via weekly LTCF component **WILL NOT** fulfill the CMS requirement
- Reach out to SNFQualityQuestions@cms.hhs.gov if unsure if your facility is required to report
- There is currently no requirement (CMS) to report annual influenza vaccination for residents. **Only Staff/HCP**

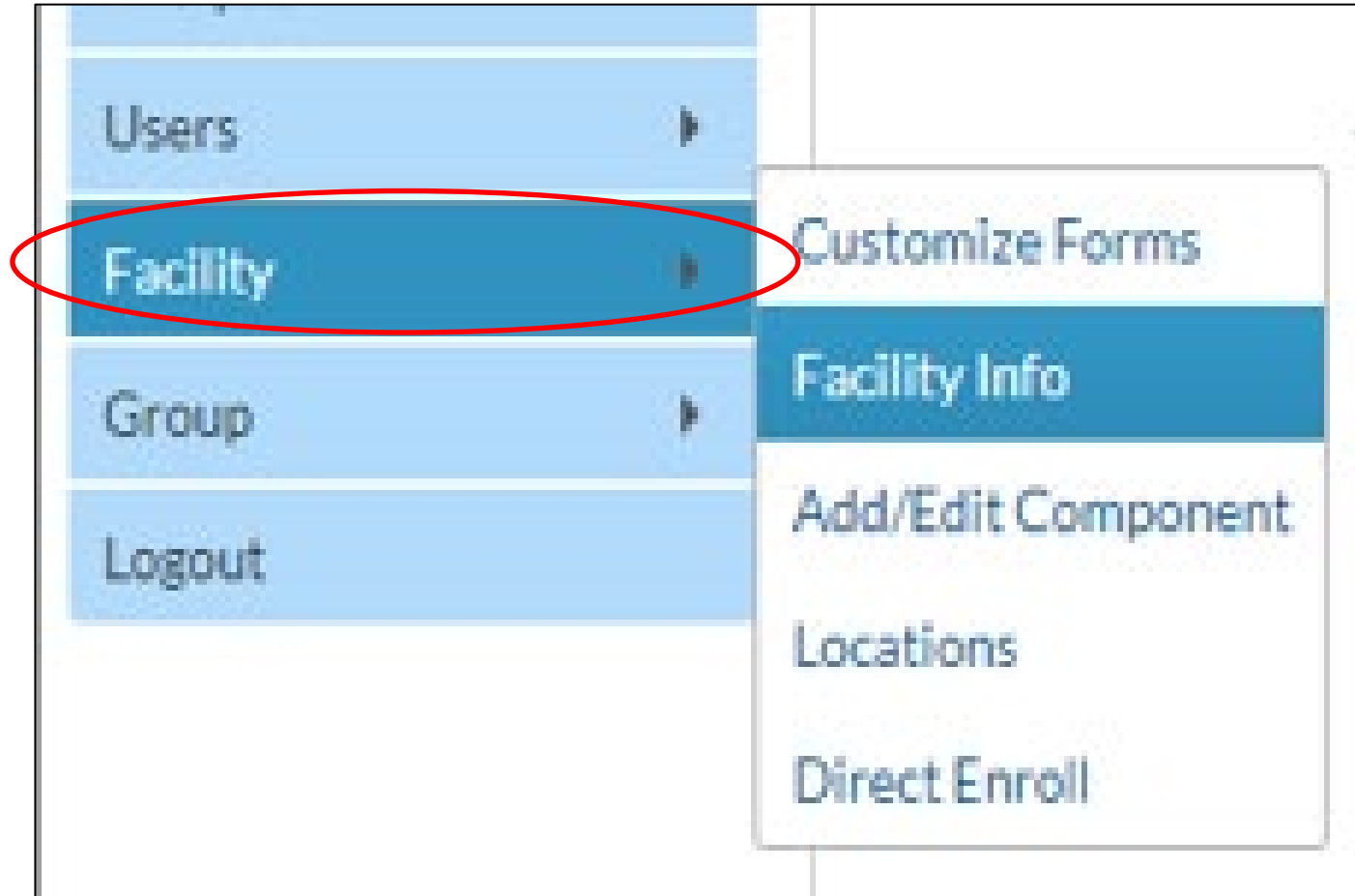
Influenza Vaccination Reporting

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



Influenza Vaccination Reporting



Influenza Vaccination Reporting

Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<input type="button" value="Edit"/>	Facility Administrator	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Healthcare Personnel Primary Contact	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Long Term Care Facility Primary Contact	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>

Influenza Vaccination Reporting

Change in NHSN Facility Administrator

- NHSN Facility Administrator should transfer role to another user prior 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 not 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

Activating the HPS Component

- Facility Administrator logs into SAMS:
<https://nhsn2.cdc.gov/nhsn/>
 - Click “NHSN Reporting”
- From the Home Page, click “Facility” then “Add/Edit Component”
 - Check box next to Healthcare Personnel Safety
- Facility Administrator adds HPS Component Primary Contact
 - Enter name, phone, e-mail, and address for person to be contacted if CDC/NHSN has updates or questions about the HPS Component



Components Followed			
Follow/ Followed	Component	Activated	
<input type="checkbox"/>	Biovigilance		
<input type="checkbox"/>	Dialysis		
<input checked="" type="checkbox"/>	Healthcare Personnel Safety	10/18/2022	
<input checked="" type="checkbox"/>	Long Term Care Facility	01/28/2020	
<input type="checkbox"/>	Neonatal		
<input type="checkbox"/>	Outpatient Procedure		
<input type="checkbox"/>	Patient Safety		

Activating the HPS Component (cont.)

- 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 Facility Administrator or new HPS Component Primary Contact

Influenza Vaccination Reporting

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

Influenza Vaccination Reporting

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

External Partners

SAMS Credentials

SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

SAMS Multi-factor Login

Sign on with a SAMS Grid Card or Mobile Soft Token

Login

For External Partners who have been issued a SAMS Multi-factor token(s).

NHSN Landing Page

Welcome to the NHSN Landing Page



Select component:

Healthcare Personnel Safety

Select facility/group:

Fac: Joy LTC Facility (ID 30074)

Submit

Influenza Vaccination Reporting

HCP Influenza Vaccination Summary Data

- Click “Vaccination Summary” then “Annual Vaccination Flu Summary”
- Select “Add”
- Click “Continue”

The screenshot displays the NHSN reporting interface. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, and Analysis. The 'Vaccination Summary' item is highlighted with a yellow circle containing the number '1'. A sub-menu is open for 'Vaccination Summary', showing 'Annual Vaccination Flu Summary' and 'Weekly Flu Vaccination Summary'. The 'Annual Vaccination Flu Summary' item is highlighted with a yellow circle containing the number '2'. A sub-menu is open for 'Annual Vaccination Flu Summary', showing 'Add', 'Find', and 'Incomplete'. The 'Add' item is highlighted with a yellow circle containing the number '3'. The main content area is titled 'Add Summary Data' and contains a dropdown menu for 'Summary Data Type' set to 'Influenza Vaccination Summary'. Below the dropdown are two buttons: 'Continue' and 'Back'. The 'Continue' button is highlighted with a yellow circle containing the number '4'.

Influenza Vaccination Reporting

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)

NHSN Home

- Alerts
- Reporting Plan ▶
- HCW ▶
- Lab Test ▶
- Exposure ▶
- Prophy/Treat ▶
- Import/Export

Add Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

Facility ID *: Joy LTC Facility (30074)

Vaccination type *: Influenza ▼

Influenza subtype *: Seasonal ▼

Flu Season *: ▼

Influenza Vaccination Reporting

HCP Influenza Vaccination Summary

- Data are collected on denominator and numerator categories
 - Denominator categories:
 - HCP must be physically 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 required to report all numerator categories for the three denominator categories

Influenza Vaccination Reporting

Saving HCP Influenza Vaccination Data

- Click “Save” to save the data

Date Last Modified: 08/26/2022

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	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	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

Custom Fields

Comments



Influenza Vaccination Reporting

Editing HCP Influenza Vaccination Data (cont.)

- Click “Edit” to modify existing data

Date Last Modified: 08/26/2022

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll) *	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	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

Custom Fields

Comments



Influenza Vaccination Reporting

The NHSN Website

Visit: [HCP Flu Vaccination | HPS | NHSN | CDC](#) for training materials:

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

SNFQualityQuestions@cms.hhs.gov

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”

SAMS & NHCN Tips

▼ Action Items

COMPLETE THESE ITEMS

Survey Required
2021

Mini-IRF Survey
Required
2021

Confer Rights
**Not
Accepted**

ALERTS

1

Missing Events

2

Incomplete Summary
Items

26

Missing Summary
Items

2

Missing Procedures

Withdraw Duplicate Accounts

Covid Pathway Module Instruction

Please follow these steps to withdraw any duplicate facilities:

1. Choose one NHSN facility OrgID to submit data and ensure the CCN is correct.
2. Merge data from any duplicate facilities into the one designated facility from step #1. This can be done by exporting the data from the duplicate facility and then re-importing that same file into the facility you have chosen to report COVID-19 data.

To export:

Log into the duplicate facility in NHSN and select COVID-19 from the left-hand menu. Select “Export CSV” at the bottom left of the calendar and select “All” on the next screen then select “Export” to export the data you have reported in the LVL1 facility

The screenshot illustrates the process of exporting COVID-19 data from the NHSN interface. It is divided into three main sections:

- Left Panel:** A vertical navigation menu with the following items: Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, **COVID-19** (highlighted), Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout.
- Calendar View:** A calendar grid for the period from 26 April 2020 to 26 June 2020. The grid shows data points for 'Resident' and 'Resident Capacity'. At the bottom of the calendar, there are three buttons: 'Upload CSV', 'Download CSV Template', and 'Export CSV' (highlighted with a green arrow).
- Export CSV Dialog:** A modal window titled 'Export CSV' with a table of options. The 'All' option is selected. The 'Export' button is highlighted with a green arrow.

Option	File Name	Format
<input checked="" type="radio"/> All	covid19all.zip	zipped
<input type="radio"/> Resident Capacity	covid19res.csv	csv
<input type="radio"/> Staff	covid19staff.csv	csv
<input type="radio"/> Supplies	covid19supp.csv	csv
<input type="radio"/> Ventilator	covid19vent.csv	csv

Withdraw Duplicate Accounts

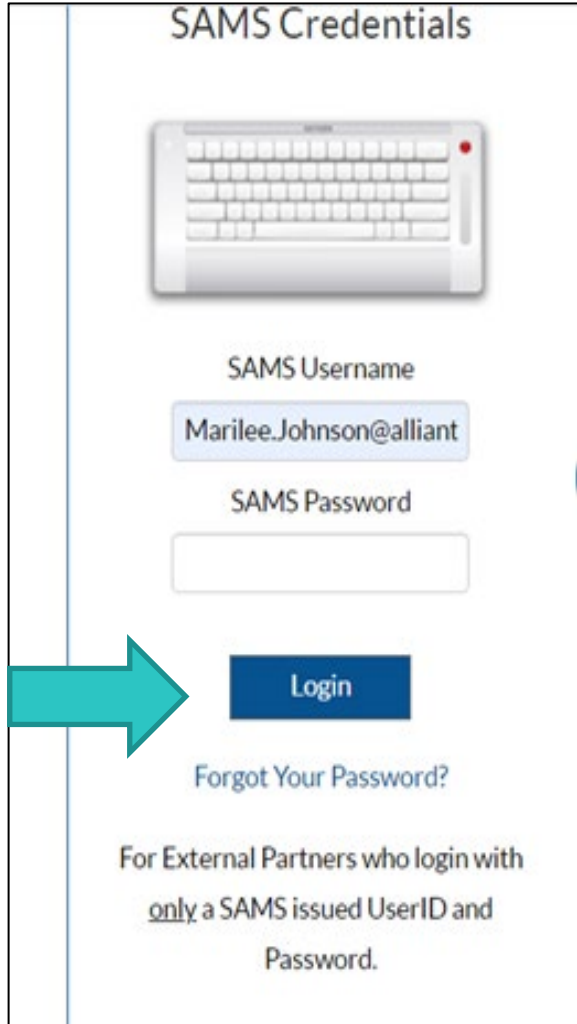
To import:

Log into the designated facility from step #1 in NHSN and select COVID-19 from the left-hand menu. Select “Upload CSV” and then “Choose File” on the next window to select the files you exported in step 2A.



3. Withdraw duplicate facilities from NHSN by doing the following:
 - a. Log into the duplicate enrolled facility in NHSN
 - b. On the left navigation pane, select facility->facility info
 - c. Scroll down to the component itemization and deselect the component that is a duplicate.
 - d. Accept the alert indicating that you’ve deselected the facility.
 - e. Select update to reflect changes.
4. Add users to the one NHSN facility chosen in step #1, if needed.
5. Email NHSN@cdc.gov with the subject line “**NHSN LTC LVL1 Duplicate Facilities- Withdraw**” and provide the following:
 - a. **[Name of facility]** has withdrawn NSHN facility **[orgID][date of establishment]** and the data has been successfully merged into NHSN facility **[orgID][date of establishment]**.

I Forgot My Password. How Do I Reset?



SAMS Credentials


SAMS Username
Marilee.Johnson@alliant

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.



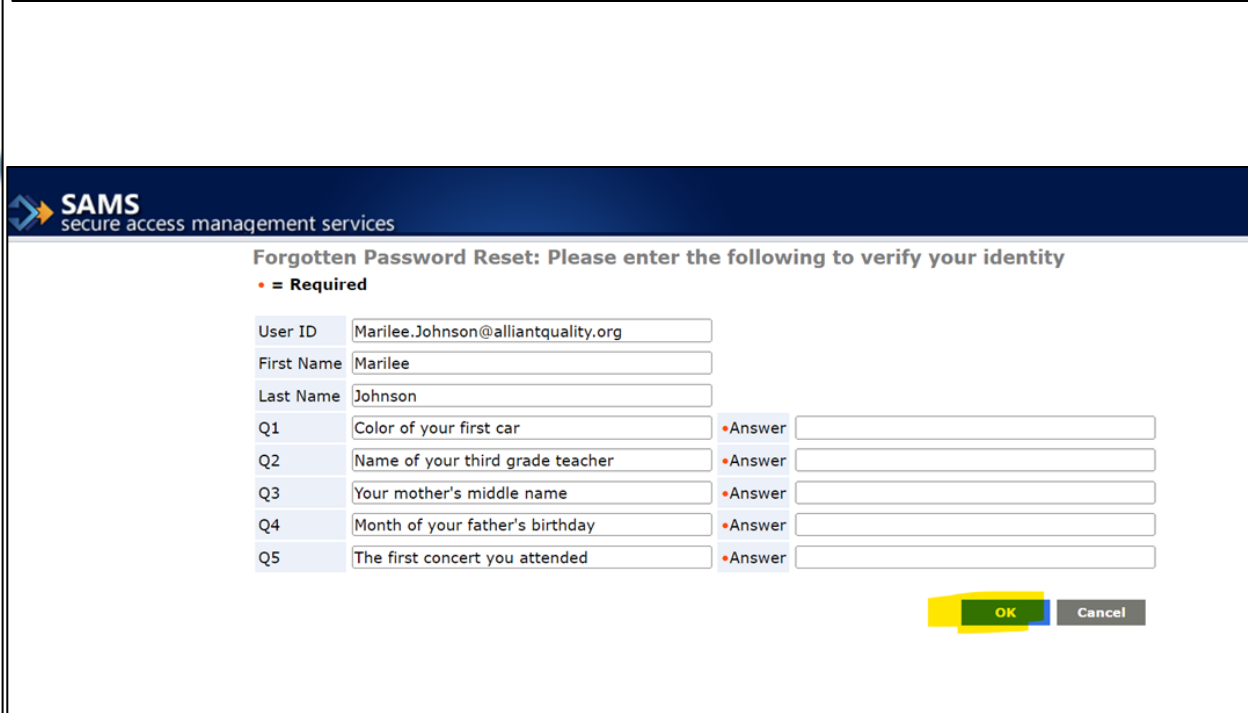
SAMS
secure access management services

Forgotten Password Reset: Please enter the following to identify yourself

• = Required

• User ID

OK **Cancel**



SAMS
secure access management services

Forgotten Password Reset: Please enter the following to verify your identity

• = Required

User ID	<input type="text" value="Marilee.Johnson@alliantquality.org"/>	
First Name	<input type="text" value="Marilee"/>	
Last Name	<input type="text" value="Johnson"/>	
Q1	<input type="text" value="Color of your first car"/>	• Answer <input type="text"/>
Q2	<input type="text" value="Name of your third grade teacher"/>	• Answer <input type="text"/>
Q3	<input type="text" value="Your mother's middle name"/>	• Answer <input type="text"/>
Q4	<input type="text" value="Month of your father's birthday"/>	• Answer <input type="text"/>
Q5	<input type="text" value="The first concert you attended"/>	• Answer <input type="text"/>

OK **Cancel**

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.

The image shows a two-step process for logging into SAMS. The first step is the login page, titled "Choose a login option". Under the "External Partners" section, the "SAMS Credentials" option is highlighted with a yellow box and a teal arrow. Below this, there are input fields for "SAMS Username" (containing "Marilee.Johnson@alliantc") and "SAMS Password" (masked with dots), and a "Login" button. The second step is the "SAMS secure access management services" dashboard. A teal arrow points from the "SAMS Credentials" option to the "Modify My Identity Data" link in the "Tasks" menu. The "Modify My Identity Data" page shows a form with fields for "City", "State" (North Carolina), "Postal Code", "Country" (United States), "Primary Phone" (919-695-8331), and "Alternate Phone". Below the form, a red warning message states: "Your answers to the following questions will be used to verify your identity should you forget your password. Answers may not contain any part of the question." The "Question:" section lists five questions (Q1-Q5) with dropdown menus. The "Answer:" section shows five corresponding answer fields (A1-A5), all of which are redacted with black bars.

How to Request Level-3 Access

To request level 3 access, please contact NHSN@cdc.gov and place in the subject line: SAMS Level 3 Access

Questions?



Thank You for Your Time!

Contact the Patient Safety Team



Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Erica.Umeakunne@AlliantHealth.org



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

Mark Your Calendar!

Shop Talk

3rd Thursdays at 2 p.m. ET



Registration Links:

[February Registration Link](#)

[March Registration Link](#)

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



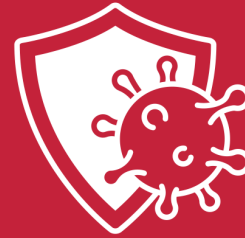
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk 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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