COVID-19 Updates, Influenza Vaccination Reporting, NHSN FAQs, and Updates

Welcome!

Chat with Technical Support if you need assistance

Presented by:

Paula St. Hill, MPH, A-IPC
Infection Prevention Technical Advisor



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 over 10 years of health care experience and 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



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 a 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>



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. At the CDC, she was 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: <u>Erica.Umeakunne@allianthealth.org</u>



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 camping, bicycling and running.

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



Agenda

- COVID-19 updates
- Review Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating
- NHSN Influenza reporting
- NHSN FAQs and Case Study Examples
- Alliant Health and NHSN updates
- Live questions and answers



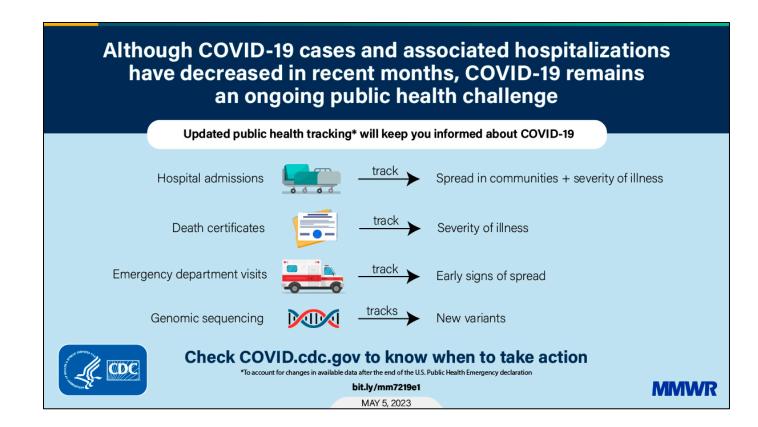
COVID-19 Updates



CDC COVID-19 Data Tracker

CDC COVID-19 data tracker:

- COVID-19 hospital admissions
- COVID-19 deaths
- COVID-19 ED visits
- COVID-19 test positivity
- COVID-19 variants, wastewater and genomic surveillance





CDC COVID-19 Update for the United States

COVID-19 Update for the United States

Early Indicators

Test Positivity

% Test Positivity

11.5%

(November 26 to December 2, 2023)

Trend in % Test Positivity

+0.9% in most recent week

Oct 14, 2023

Dec 2, 2023

Emergency Department Visits

% Diagnosed as COVID-19

1.9%

(November 26 to December 2, 2023)

Trend in % Emergency Department Visits

+4% in most recent week

Oct 14, 2023

Dec 2, 2023

These early indicators represent a portion of national COVID-19 tests and emergency department visits. <u>Wastewater</u> information also provides early indicators of spread.

Severity Indicators

Hospitalizations >

Hospital Admissions

22,513

(November 26 to December 2, 2023)

Trend in Hospital Admissions

+17.6% in most recent week

Oct 14, 2023 Dec 2, 2023

Deaths >

% of All Deaths in U.S. Due to COVID-19

3.0%

(November 26 to December 2, 2023)

Trend in % COVID-19 Deaths

+25% in most recent week

Oct 14, 2023

Dec 2, 2023

Total Hospitalizations

6,544,614

Total Deaths

1,158,185

CDC | Test Positivity data through: December 2, 2023; Emergency Department Visit data through: December 2, 2023; Hospitalization data through: December 2, 2023; Death data through: Dec



COVID-19 County Check

COVID-19 Prevention Actions

There are many ways your actions can help protect you, your household, and your community from severe illness from COVID-19. CDC's COVID-19 hospital admission levels provide information about the amount of severe illness in the community where you are located to help you decide when to take action to protect yourself and others.



COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

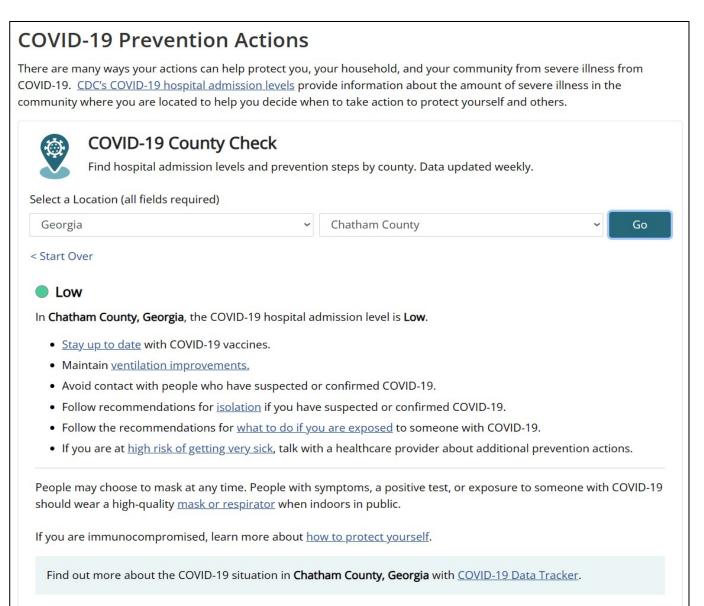
Select a Location (all fields required)

State	County
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Go

COVID-19 County Check





Individual-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- Stay up to date on vaccination.
- Maintain <u>ventilation improvements</u>.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for <u>isolation</u> if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at <u>high risk of getting very sick</u>, talk with a healthcare provider about additional prevention actions.

MEDIUM AND HIGH

When the COVID-19 hospital admission level is Medium or High:

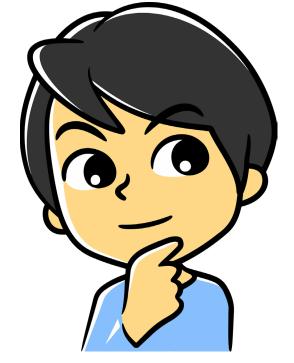


- If you are at <u>high risk of getting very sick</u>, wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

HIGH

When the COVID-19 hospital admission level is High:

- Wear a high-quality mask or respirator.
- If you are at high risk of getting very sick, consider avoiding non-essential indoor activities in public where you could be exposed.





Community-Level Prevention Strategies

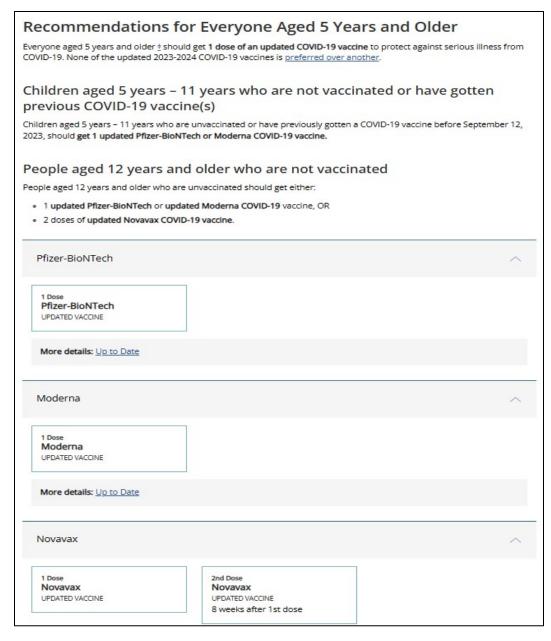
Community-Level Prevention Strategies LOW, MEDIUM, AND HIGH At all COVID-19 hospital admission levels: · Promote equitable access to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services. Ensure access to testing, including through point-of-care and at-home tests for all people. Maintain ventilation improvements. Provide communications and messaging to encourage isolation among people who test positive. MEDIUM AND HIGH When the COVID-19 hospital admission level is Medium or High: • Implement screening testing in high-risk settings where screening testing is recommended. HIGH When the COVID-19 hospital admission level is High: Implement healthcare surge support as needed.





Stay Up-to-Date With COVID-19 Vaccines











Testing and Management **Considerations for Nursing** Home Residents with Acute Respiratory Illness Symptoms When SARS-CoV-2 and Influenza Viruses are Co-Circulating



Best Practices To Be Considered When SARS-CoV-2 and Influenza Viruses are Co-Circulating

- 1) Place symptomatic residents in transmission-based precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection
- 2) Test any resident with symptoms of COVID-19 or influenza for both viruses
- 3) Placement decisions
- 4) Clinical Management



NHSN Reporting Period Q4



NHSN Reporting Period Q4

From September 25, 2023 – December 31, 2023

 For this reporting quarter, individuals are considered up-to-date with their COVID-19 vaccines for NHSN surveillance if they meet one of the following criteria:

Received a 2023-2024 Updated COVID-19 Vaccine or

**Received bivalent COVID-19 vaccine in the last two months

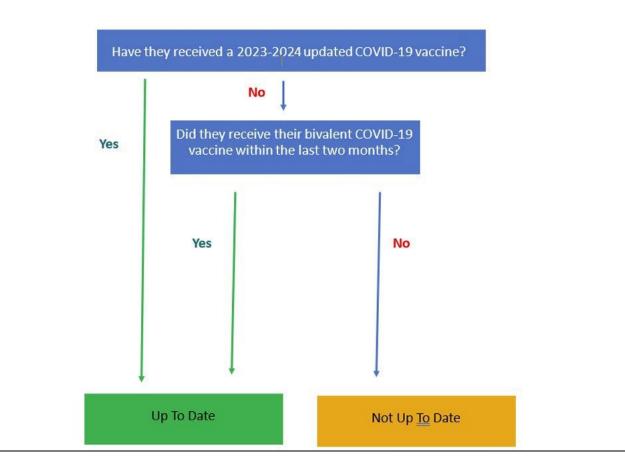


^{**}As of 9/12/2023, the bivalent COVID-19 vaccines are no longer FDA-authorized

Up-To-Date With COVID-19 Vaccines for Q4

Appendix 1a: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period of September 25, 2023 – December 31, 2023 for the COVID-19 Vaccination Modules

Facilities can use the following decision tree to help determine Up to date vaccination status for the NHSN COVID-19 Vaccination Modules during the reporting period of Quarter 4 of 2023 (representing vaccination data for September 25, 2023 – December 31, 2023).



https://www.cdc.gov/nhsn/pdfs/hps/covidv ax/UpToDateGuidance-508.pdf



Up-To-Date With COVID-19 Vaccines for Q4

Most HCPs will no longer be up-to-date because they have NOT yet received the 2023-2024 Updated COVID-19 vaccine. This is normal and expected!

If this is the case, facilities should report **zero** up-to-date until individuals receive the 2023-2024 updated COVID-19 vaccine.

NHSN sent data quality outreach emails to facilities that have reported significantly high numbers of individuals as being up to date. Please remember that if individuals do not meet the current up-to-date definition, adjust your recent weekly counts for Question #4 in the HCP Weekly COVID-19 Vaccination Form and Question #2 in the LTC Resident Weekly COVID-19 Vaccination Form.



Primary Vaccine Series for Health Care Workers (Applies ONLY to HCP Form for Quarter 4 2023)

Complete primary series is defined as receiving:

A two-dose series of a monovalent COVID-19 vaccine

OR

A single dose of Janssen

OR

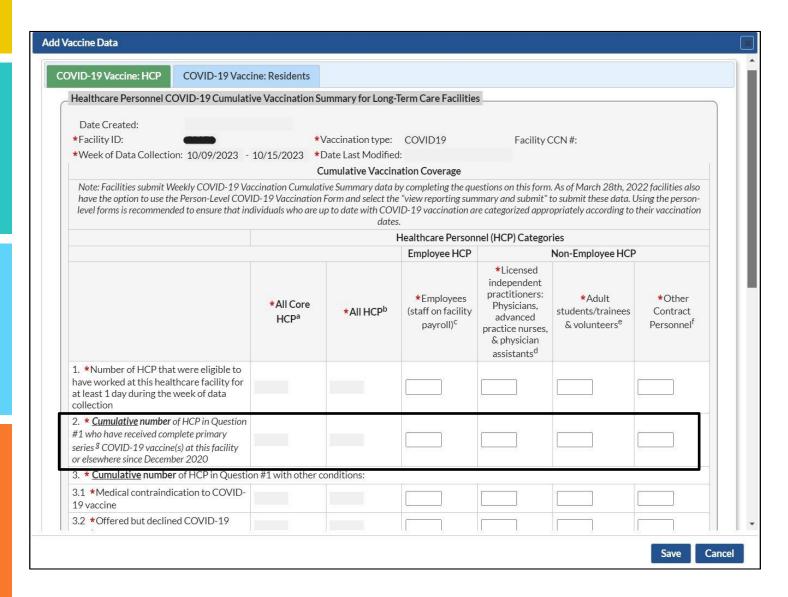
A single dose of bivalent vaccine

OR

A single dose of 2023-2024 updated COVID-19 vaccine



Completed Primary Vaccine Series for Health Care Workers





HCP Influenza Vaccination Reporting



HCP Influenza Vaccination Summary Reporting

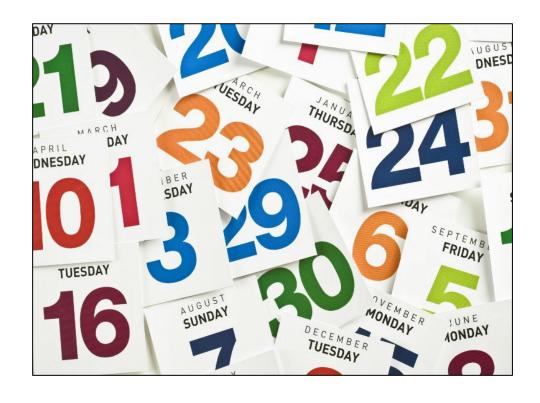
The reporting period for the 2023-2024 influenza season is from October 1, 2023, through March 31, 2024. To meet CMS reporting requirements, HCP influenza vaccination summary data reports must be entered into NHSN no later than **May 15, 2024**, for the 2023-2024 influenza season. Facilities can edit their data after May 15, but the revised data will not be shared with CMS.





HCP Influenza Vaccination Summary Reporting

Entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, facilities are encouraged to update HCP influenza vaccination summary counts monthly so the data can be used to inform influenza vaccination activities at the facility.





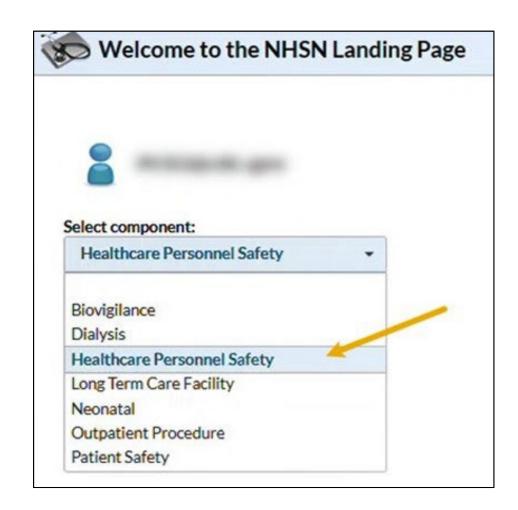
Data can be reported in two ways:

- Enter data directly into the NHSN application through the Healthcare Personnel Influenza Vaccination Module.
- 2. Upload .CSV files into the Healthcare Personnel Influenza Vaccination Module. Instructions for uploading data, a .CSV file template and .CSV example file can be found here.



Activating the HCP Component

- Please note that your facility administrator (FA) must have SAMS Level 3 reporting access to activate the HPS component.
- Only the NHSN FA can activate a new component.
- Please do NOT de-activate any other components, such as the LTC component.





Activating the HCP Component

- 1. Facility Administrator logs into SAMS: https://nhsn2.cdc.gov/nhsn/
- Click "NHSN Reporting"
- 2. From the home page, click "Facility," then "Add/Edit Component"
- Check the box next to Healthcare Personnel Safety
- 3. Facility administrator adds HPS Component Primary Contact
- Enter the name, phone, email and address of the person to contact if CDC/NHSN has updates or questions about the HPS component

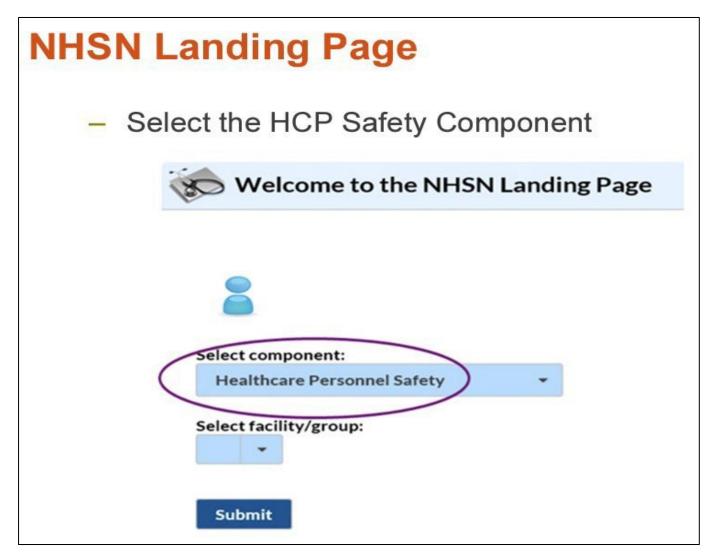




Activating the HCP Component

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

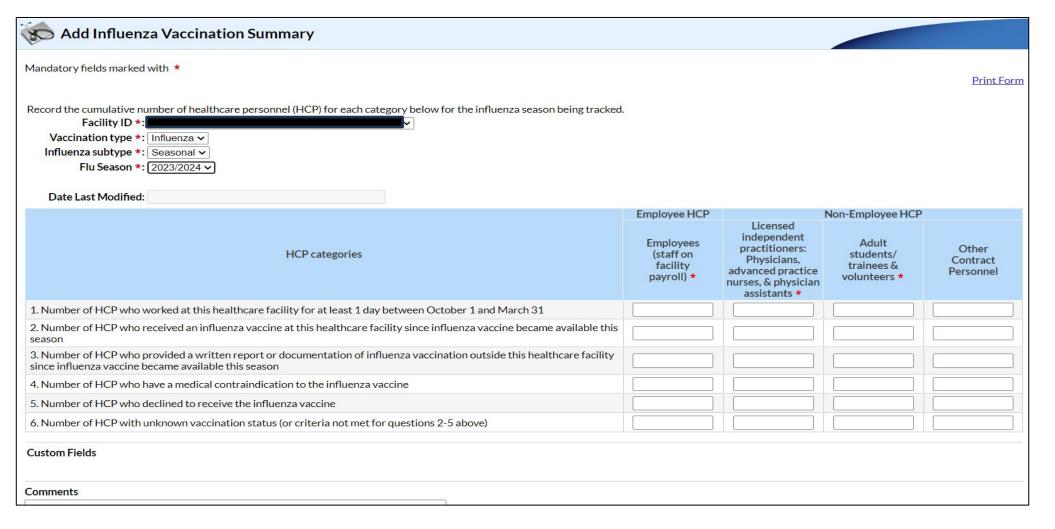






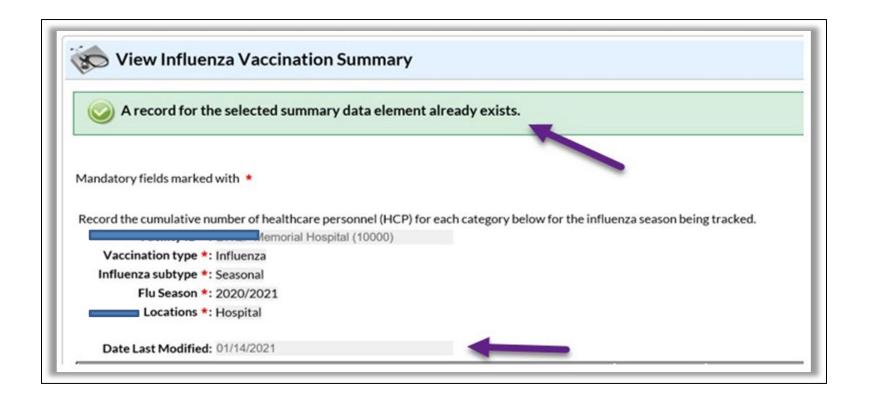
HCP Influenza Vaccination Summary Data Click "Vaccination Summary" then "Annual Vaccination Flu Summary" Select "Add" Click "Continue" NH5N Home Add Summary Data Alerts Reporting Plan Summary Data Type: Influenza Vaccination Summary > **HCW** Lab Test Back Exposure Prophy/Treat Import/Export Add Annual Vaccination Flu Summary Vaccination Summary Find Weekly Flu Vaccination Summary Surveys Incomplete

Analysis



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

Click "Edit" to modify existing data

	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	25	25	25	15		
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	5	5	5	3		
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	5	5	5	3		
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	5	5	3		
5. Number of HCP who declined to receive the influenza vaccine	5	5	5	3		
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	5	5	5	3		
Custom Fields TEST1: TEST2:						
Comments						
Edit Delete Back						



Saving HCP Influenza Vaccination Data

Click "Save" to save the updated data

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	25	25	25	15			
Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	5	5	5	3			
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		5	5	3			
4. Number of HCP who have a medical contraindication to the influenza vaccine		5	5	3			
5. Number of HCP who declined to receive the influenza vaccine		5	5	3			
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)		5	5	3			
Custom Fields TEST1: TEST2:							
Comments Save Delete Back							



Influenza Vaccination Resources

Annual Flu Summary

Comprehensive Training – September 2023 [PDF – 2 MB]

Comprehensive training slides on collecting and entering HCP influenza vaccination summary data.



Common Influenza Vaccination Reporting Issues (Last Season)

- NHSN designated Facility Administrator was no longer employed at the facility
- Facility Administrator and/or other NHSN users did not have Level 3 access
- The LTC component was de-activated while trying to activate the HPS component
- Facilities were not aware of the reporting deadline



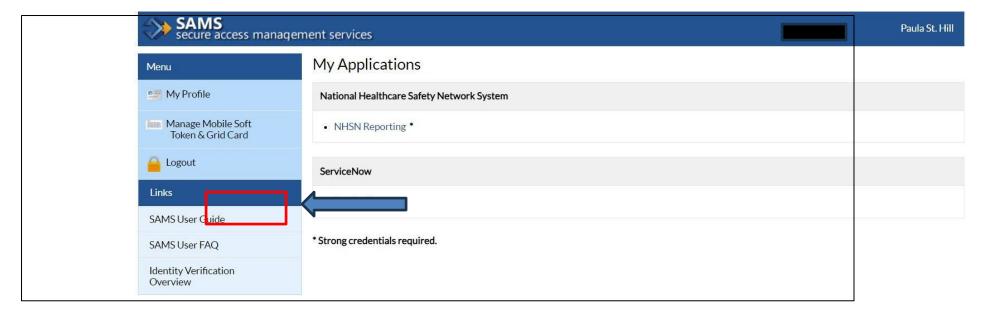


NHSN-ServiceNow is LIVE

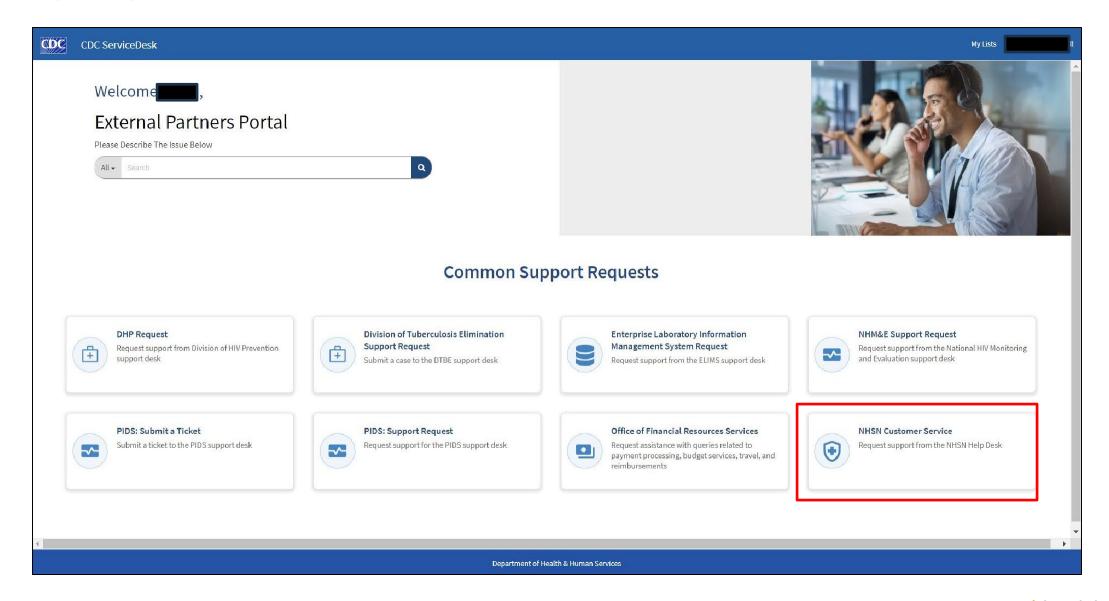
Please submit NHSN questions in ServiceNow instead of using nhsndua@cdc.gov, and nhsndua@cdc.gov. ServiceNow can be accessed through your SAMS account at https://sams.cdc.gov/.

Tickets requiring CDA support and AUR test files should continue to be emailed to nhsnCDA@cdc.gov until further notice. If you are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

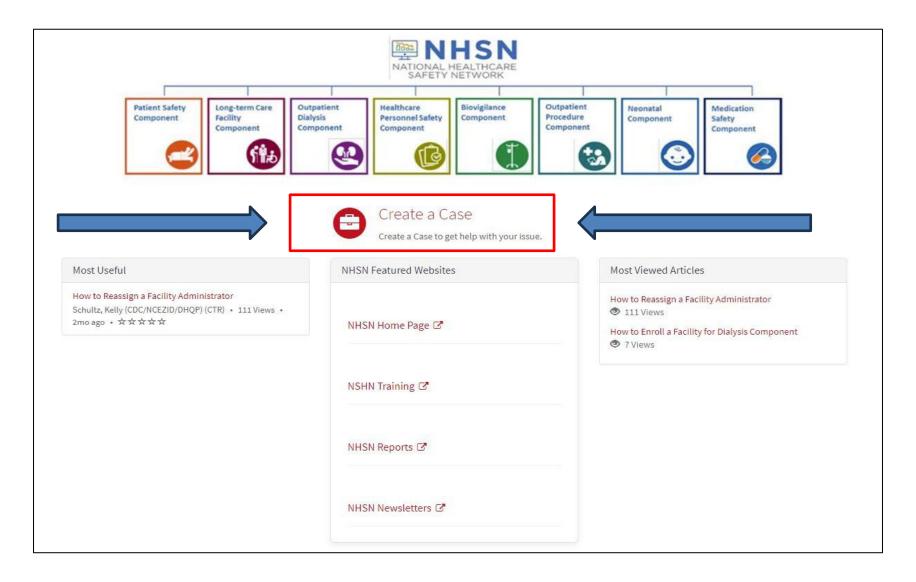




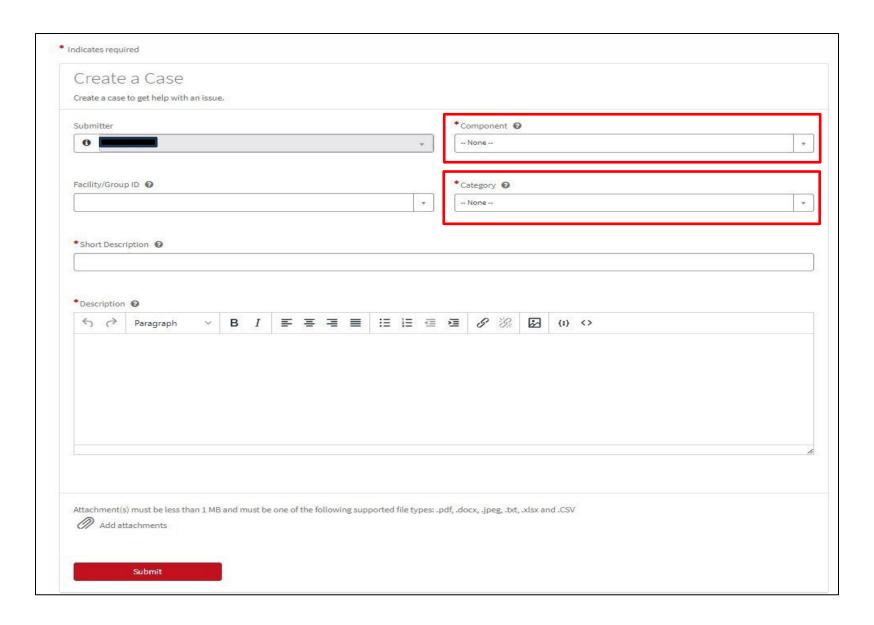










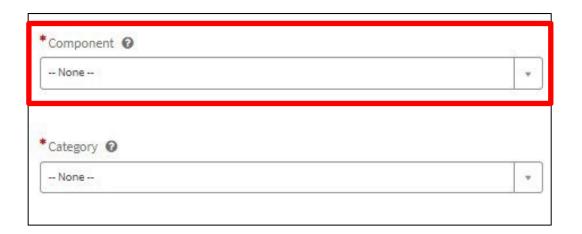






For component, you can choose from:

- Patient Safety
- Long-term Care
- Dialysis
- Healthcare Personnel Safety
- Biovigilance
- Outpatient Procedure
- Neonatal
- Medication Safety
- Other





For **Category** (using <u>Long-term Care Component</u>), you can choose from:

- Add/edit Component
- Alerts
- Analysis
- CAUTI
- CMS Letters
- CMS Reporting
- COVID-19
- COVID-19 Vaccination
- CSV File
- Data Entry
- Data Quality
- DUA
- Email Change
- Enrollment
- Facility Admin Reassignment
- General Analysis

- Group Analysis
- Groups/Super Groups
- Help Desk Support
- LabID Event-CDI
- LabID Event-MDRO
- NHSN Access
- NHSN Alert
- Other
- Password Reset
- Policy and Operations
- Prevention Process Measures
- Protocol
- SAMS Access
- Surveys
- Temporary Enrollment Number
- Training

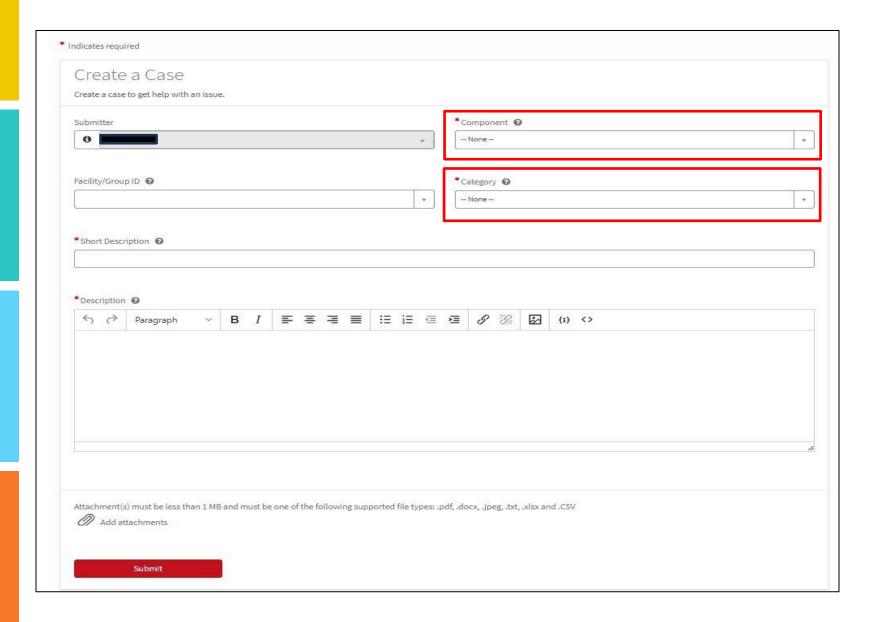


For **Category** (using <u>Healthcare Personnel Safety Component</u>), you can choose from:

- Acute Care
- Add/Edit Component
- Ambulatory Surgery Center
- CMS Letters
- COVID-19 Vaccination
- CSV File
- Dialysis
- DUA
- Email Change
- Enrollment
- Facility Admin Reassignment
- Flu Vaccination
- Groups/Super Groups
- Health Department
- Help Desk Support

- Inpatient Psychiatric Facility
- Inpatient Rehab Facility
- Long Term Care
- NHSN Access
- NHSN Alert
- Other
- Password Reset
- Policy and Operations
- Quality Improvement Organization or Network
- SAMS Access
- Temporary Enrollment Number
- Training



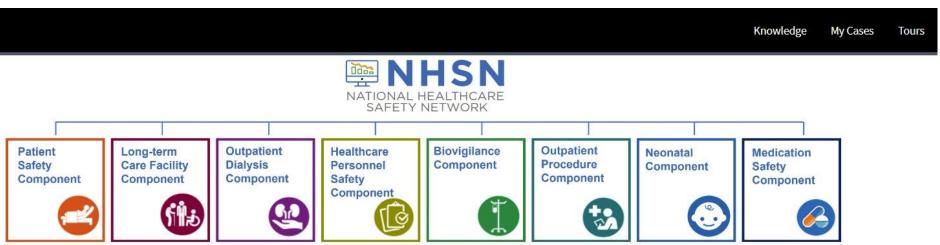








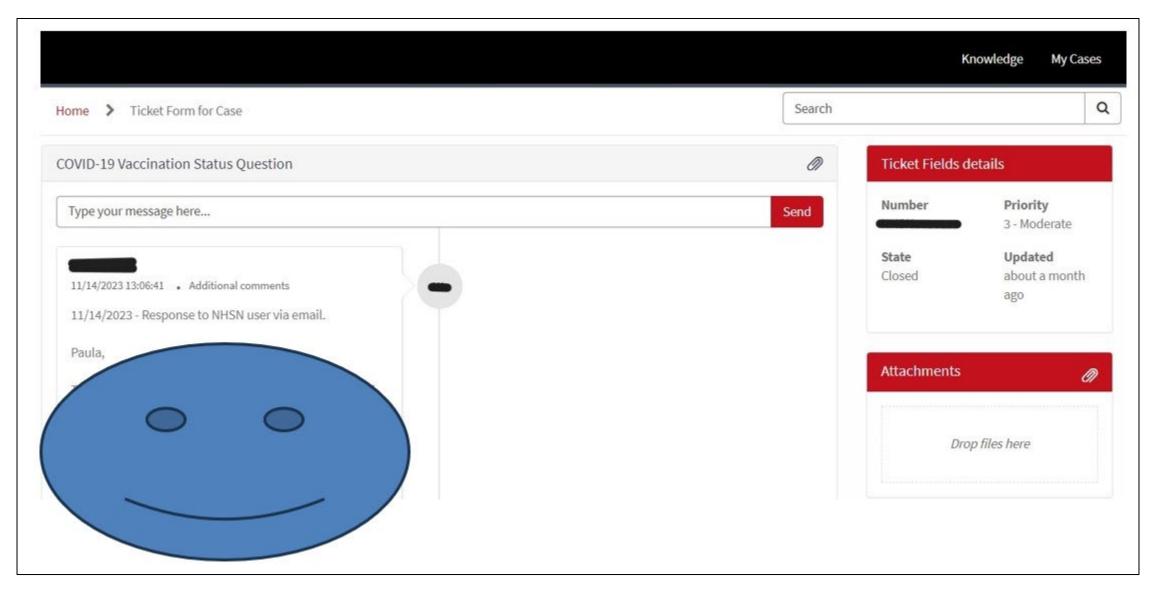
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NHSN FAQs and Case Study Examples



Case Study Question #1

You are the NHSN facility administrator (FA) for Sunshine and Roses Nursing Home. You are leaving the facility for a new job, and another individual will oversee the NHSN reporting. What do you do?

- A. Nothing, countdown the days until you start your new position
- B. Tell the new individual who will oversee the NHSN reporting good luck and do nothing else
- C. Correctly reassign the role to the facility's upcoming NHSN FA
- D. Not sure



Answer

C. Correctly reassign the role of the facility's new NHSN FA

NHSN Facility Administrator Reassignment

When the NHSN Facility Administrator role needs to be reassigned, the **current** Facility Administrator should follow the steps below to ensure that the role is properly reassigned to an additional facility user. Furthermore, facility users who no longer require access to NHSN can be deactivated by following the steps below. This process can be completed by any user with administrative rights.

Reassigning the NHSN Facility Administrator Role

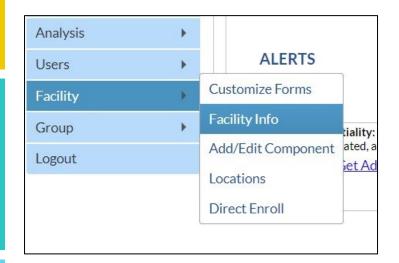
- From the left navigation bar, you will select Facility > Facility Info.
- From the Edit Facility Information screen, go to the Contact Information sections.
- Find "Facility Administrator" on the list and click the "reassign" button on the far right of the screen. You will be asked to find and select an existing user who will be reassigned to this role. NOTE: The existing user must be assigned as a user with administrative rights. Once selected, remember to save the updated information on the Edit Facility Information page.

Deactivating Users

- Note: Users cannot be deleted once added to NHSN.
- Select USERS on the left navigation bar, select FIND, and FIND again at the bottom of the screen. Select the
 user's profile, go to EDIT, and at the USER ACTIVE drop-down, toggle to YES/NO>SAVE.



Reassigning the NHSN Facility Administrator Role



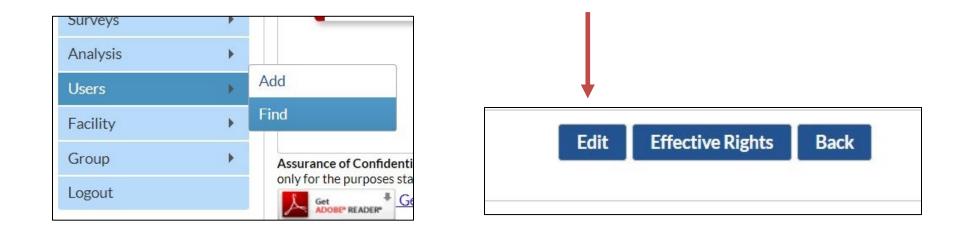
Reassigning the NHSN Facility Administrator Role

- From the left navigation bar, you will select Facility > Facility Info.
- From the Edit Facility Information screen, go to the Contact Information section.
- Find "Facility Administrator" on the list and click the "reassign" button on the far right of the screen. You will be asked to find and select an existing user who will be reassigned to this role. NOTE: The existing user must be assigned as a user with administrative rights. Once selected, remember to save the updated information on the Edit Facility Information page.





Deactivating Users



Home Phone Number:						
Beeper:						
	Save	Deactivate	Edit Rights	Effective Rights	Back	



What Happens if the Current NHSN FA Is No Longer There To Reassign the Role?

- NHSN users should complete the <u>'Change NHSN</u>
 <u>Facility Administrator'</u> form ONLY to request
 reassigning the facility's administrator when the
 currently listed FA is unavailable.
- The NHSN Primary Facility Contact information must be updated in the NHSN application if the listed contact is no longer active at the facility.
- Allow up to five business days for the change request to be verified and completed.



Case Study Question #2

You are the administrator for Willy Wonka Nursing Home and the designated person to report weekly to NHSN. The facility has recently changed ownership, and the CCN number has changed. What do you do to ensure that you remain compliant with CMS reporting requirements?

- A. Continue NHSN reporting as usual and do nothing else
- B. Change the CCN number in NHSN
- C. Stop reporting in NHSN and hope that CMS won't notice
- D. Not sure



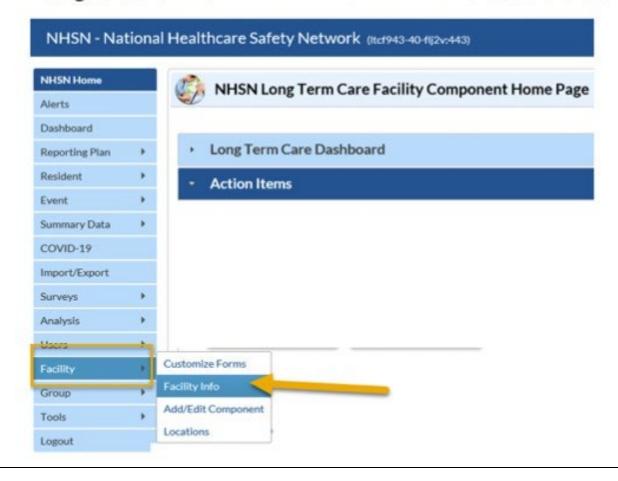
Answer

- B. Change the CCN number in NHSN
- One way the CDC's National Healthcare Safety Network (NHSN) tracks reported data from Long-Term Care Facilities (LTCFs) is through the assigned CMS Certification Number (CCN), and, thus, it is imperative to have the accurate CCN listed for the facility. CCNs may also be used as unique identifiers for the facility if the facility participates in data-reporting projects led by partners, such as CMS or the state health department
- If a facility/location is newly certified or changes ownership, it is important to add/update the CMS Certification Number (CCN) within NHSN so that NHSN can provide the appropriate data to CMS. The **ADD** CCN function is used when the CCN was not entered during NHSN enrollment <u>or</u> if the CCN and Effective Date have changed for a facility due to a change in ownership or other reasons. As of January 2015, facilities can enter the effective date for their CCN in NHSN.

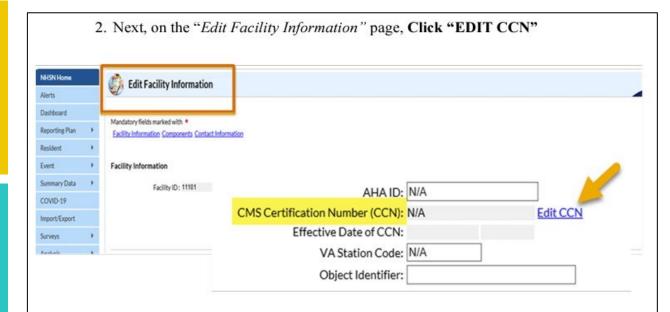


How to Add a CCN in NHSN

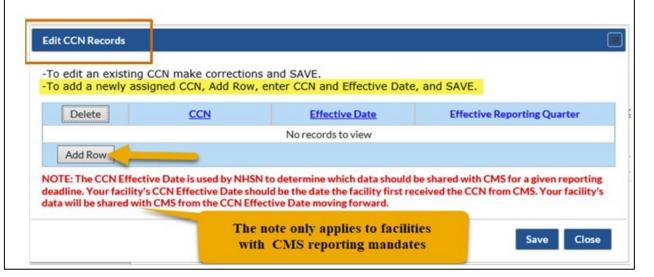
 The NHSN facility administrator or a user with NHSN administrative rights must first navigate to the FACILITY -> FACILITY INFO tab on the left navigation menu.





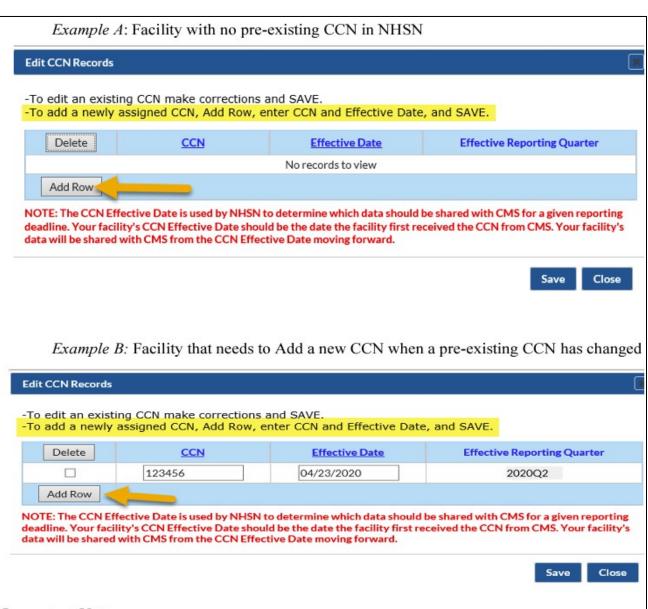


- 3. On the "Edit CCN Records" page, Click "ADD ROW"
- To Add a CCN and Effective Date for the first time (for example, when a CCN was not entered during enrollment); OR
- To Add a new CCN and new Effective Date when the previously entered CCN has been changed due to new ownership or other reasons.



How to Add a CCN in NHSN (continued)



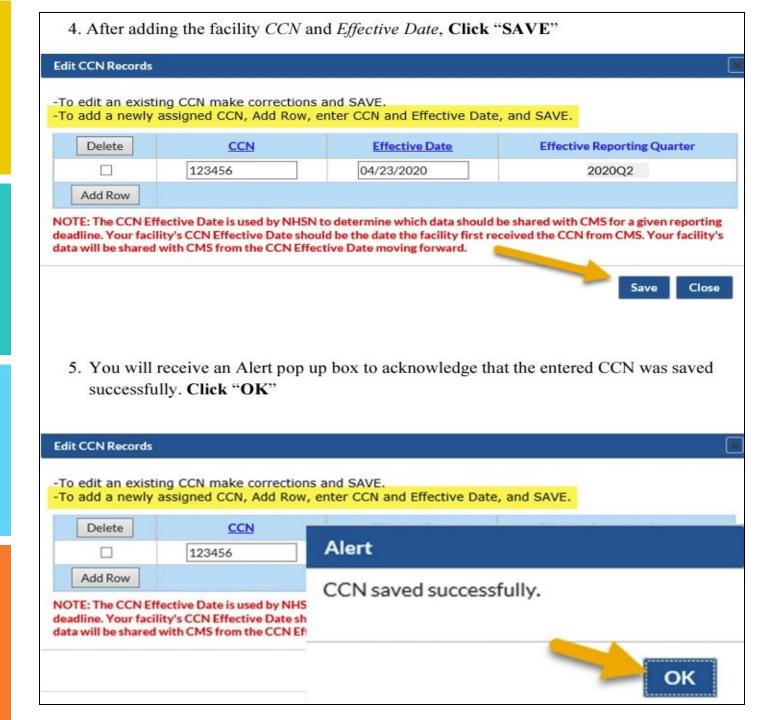


Important Notes:

- The footnote message may not be applicable to LTCFs without CMS reporting requirements.
- Do not delete a row with an existing CCN and Effective date, unless data was entered in error. This is important since data may be associated with the pre-existing CCN. Instead, ADD a new row to enter the new CCN and the new Effective Date.

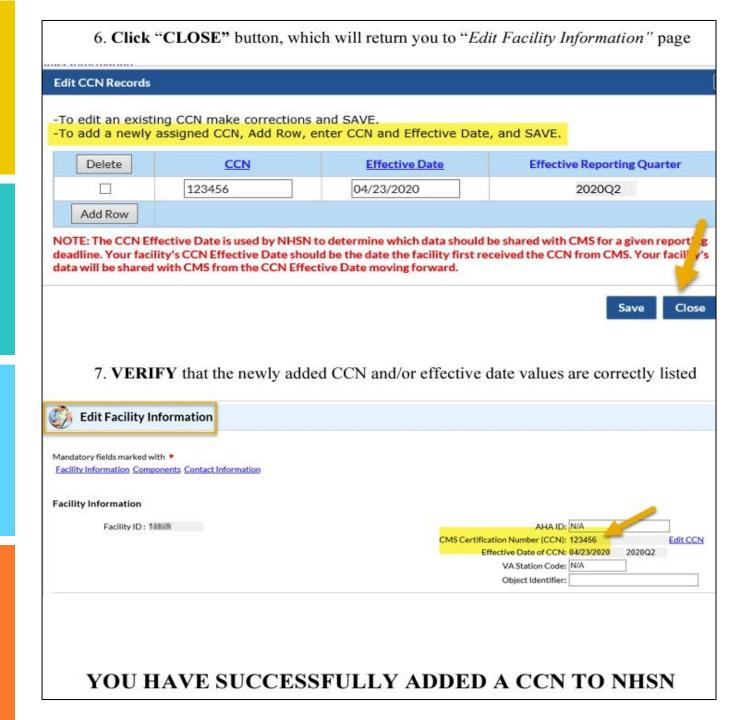
How to Add a CCN in NHSN (continued)





How to Add a CCN in NHSN (continued)

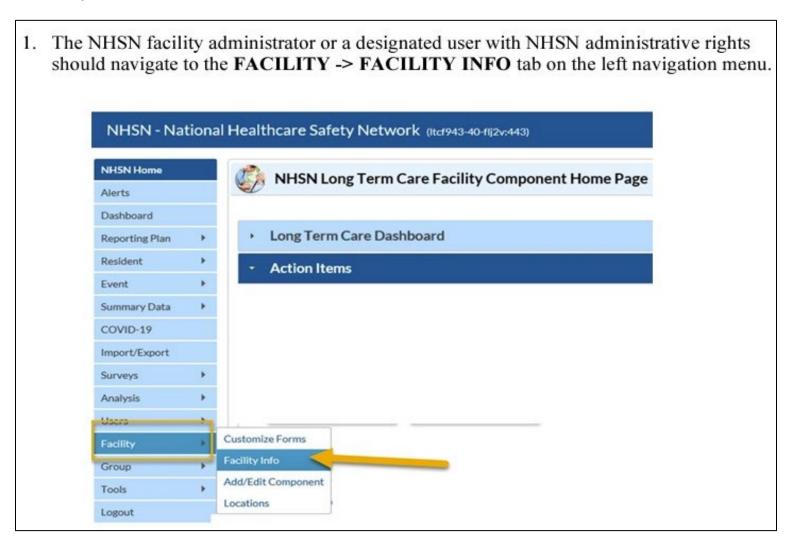




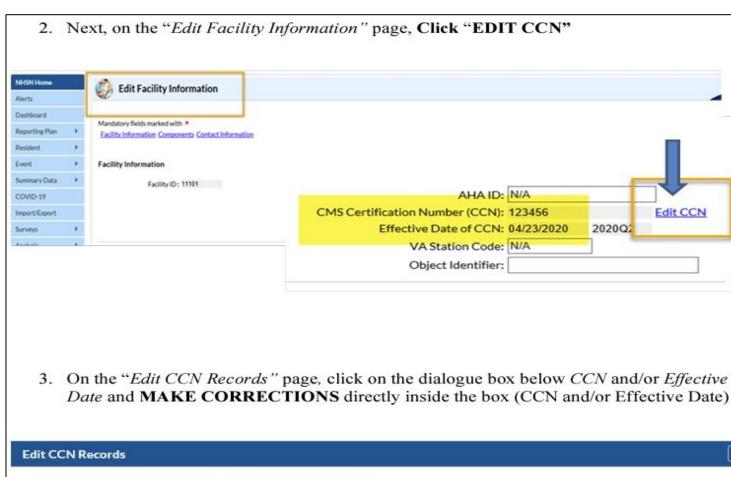
How to Add a CCN in NHSN (continued)

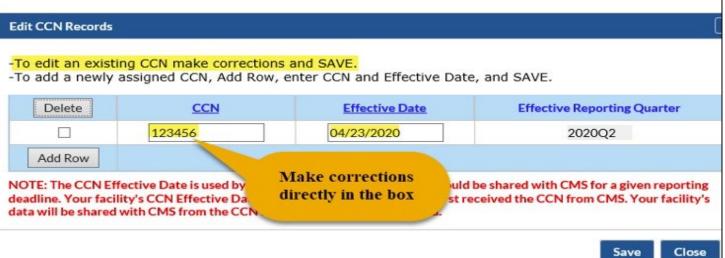


If it is determined that the facility's CCN or CCN Effective Date is incorrect within NHSN, then you will **EDIT** to correct the CCN or CCN Effective Date.

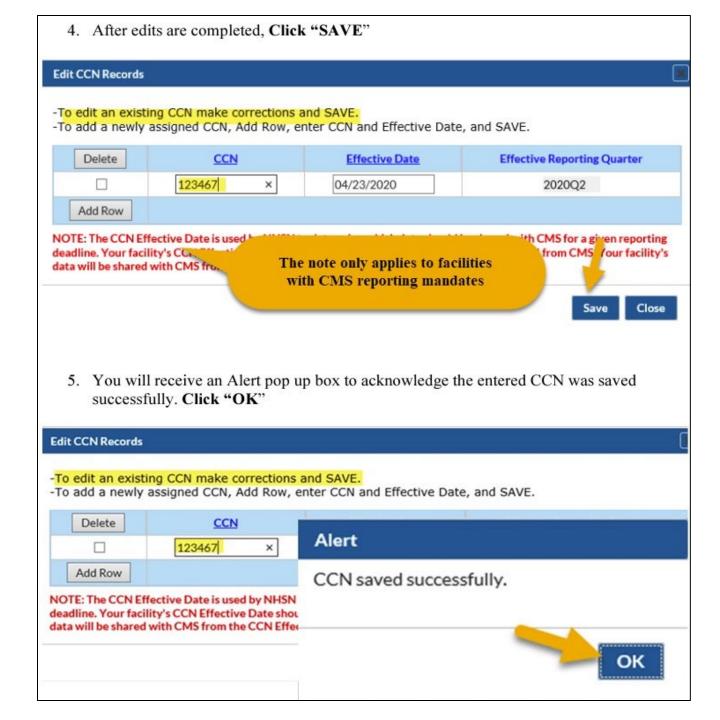


















Case Study #3

You are the sole NHSN reporter for Let It Go Nursing & Rehab Center. You are going on vacation for two weeks. What should you do abut NHSN reporting while you are away to remain compliant with CMS reporting requirements?

- A. Nothing, CMS will send you an email that says enjoy your time off
- B. Add a new NHSN user to continue timely reporting while you are away
- C. Report ahead of time because you are psychic and can predict the future
- D. Not sure



Answer

- **B.** Add a new NHSN user to continue timely reporting while you are away
- It is recommended to have at least two NHSN users who can view, enter and analyze data. This will help prevent the loss of NHSN access in the event of staff turnover and ensure compliance with CMS reporting requirements.





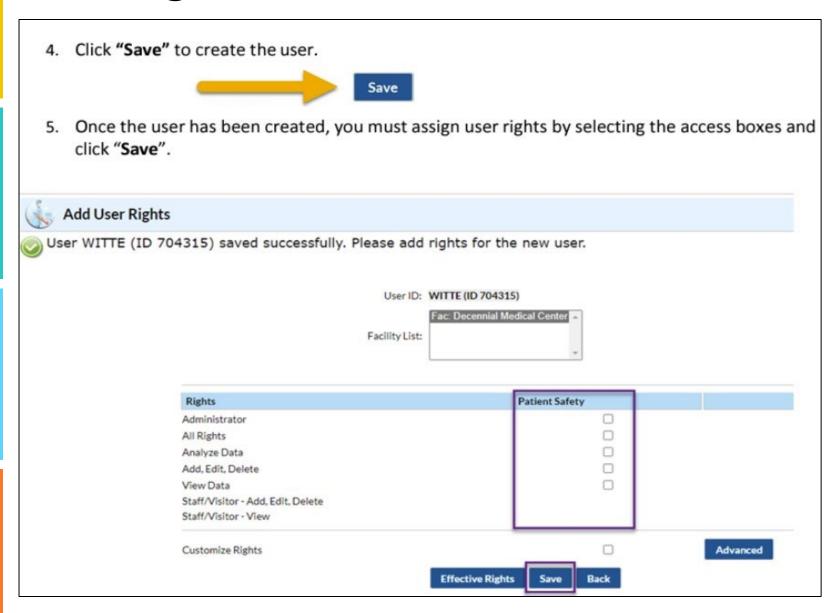
To Add Users:

- The NHSN Facility Administrator will log into SAMS at https://sams.cdc.gov/ to access NHSN.
- On the left-hand navigation panel of the NHSN homepage near the bottom of the screen, select > Users>>Add.



- 3. When the Add User screen appears, complete all the required fields marked with *.
 - a. Create a username (ex. first initial and last name ASmith)
 - Can have up to 32 characters or numbers
 - Cannot be an email address
 - Cannot contain any special characters (i.e. %, \$,&, etc.)
 - * The NHSN User ID is a unique identifier used to identify users in the NHSN application, that is created by the NHSN Facility Administrator.*
 - b. The email address entered must be the same one used to request their SAMS invitation.







The newly added user will receive two emails containing instructions to complete SAMS registration and NHSN enrollment. Examples are provided below. *The email address used to register for SAMS must be the same email address as the one entered in step 3.

 After a new user is added to an enrolled facility, NHSN will send the "Welcome to NHSN!" email (screenshot below) that will have instructions for accessing the NHSN Facility/Group Administrator Rules of Behavior.

Welcome to the National Healthcare Safety Network (NHSN)!

You have been added as the type of user indicated for the following facility or Group:

Facility or Group Name: Decennial Medical Center

User Type:

In order to participate as an NHSN user, you must agree to follow the rules of behavior for safeguarding the system's security. Click on the URL below to read and indicate your agreement to abide by the rules.

https://nhsn.cdc.gov/RegistrationForm/User.jsp?user_email=emilyelissawitt@gmail.com

Once you have agreed to the Rules of Behavior, you will need to register with the Centers for Disease Control and Prevention's (CDC) Secure Access Management System (SAMS) and submit documentation for identity proofing. SAMS is a web portal designed to provide centralized access to public health information and computer applications operated by the CDC.

If you are already an active NHSN user, you may disregard the instructions in this email. Log in to the Secure Access Management System (SAMS) and access NHSN Reporting.

If you have already completed the SAMS process for another CDC application but you have not previously had access to NHSN, please contact nhsn@cdc.gov and indicate that you need the NHSN Reporting Activity in SAMS.

For questions regarding NHSN, please email nhsn@cdc.gov.

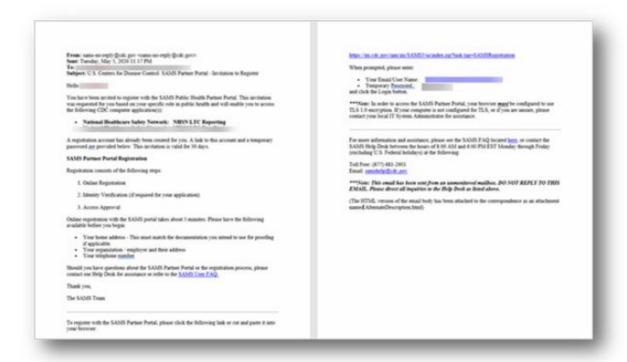
Additional NHSN information is also available at http://www.cdc.gov/nhsn.



 Once the newly added user selects the link in the email, they will receive the agreement to review NHSN "Rules of Behavior" (screenshot below):



 After the new user "Agree" to accept the NHSN Rules of Behavior, the user should allow 3 business days to receive the "Invitation to Register with SAMS" from SAMS-no-reply (screenshot below) email:



The added user must read the email and follow the instructions in its <u>entirety</u> to ensure completion of process to access NHSN.



Access to SAMS

Registration is a three-step process:

- 1. Online Registration First, you will receive an 'Invitation to Register' email. This invitation will include instructions for the online registration process. During registration, you will be asked to supply some basic information about yourself. You will choose your personal SAMS password to help keep your account private and secure.
- 2. Identity Verification Once the NHSN user has completed the online registration, you will receive an email with instructions for Identity Verification. To provide individuals with access to non-public information, U.S. law requires that the identity of potential users is first verified. This step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that NHSN has made every effort to keep this necessary process as simple and non-intrusive as possible. Also, be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of NHSN.
- 3. Access Approval Once your Identity Verification is complete, the access level most appropriate for your role will be determined, and your SAMS account will be activated. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your applications.



SAMS Level 3 Access

SAMS Level 3 Access requires proof of identity.

- If you do not currently have Level 3 access, you should have received an invitation from NHSN
- If you have not received an invitation from NHSN, use the ServiceNow feature and enter "SAMS Level 3 Access" in the section for Short Description.
 - In the Description field, enter "I am with [FACILITY NAME] [5-digit Facility ID in NHSN]. Our CMS CCN# is [FACILITY CCN#]. I would like to get Level 3 SAMS Access and requesting the identity proofing email be sent to me."



Alliant Health and NHSN Updates



In Case You Missed It

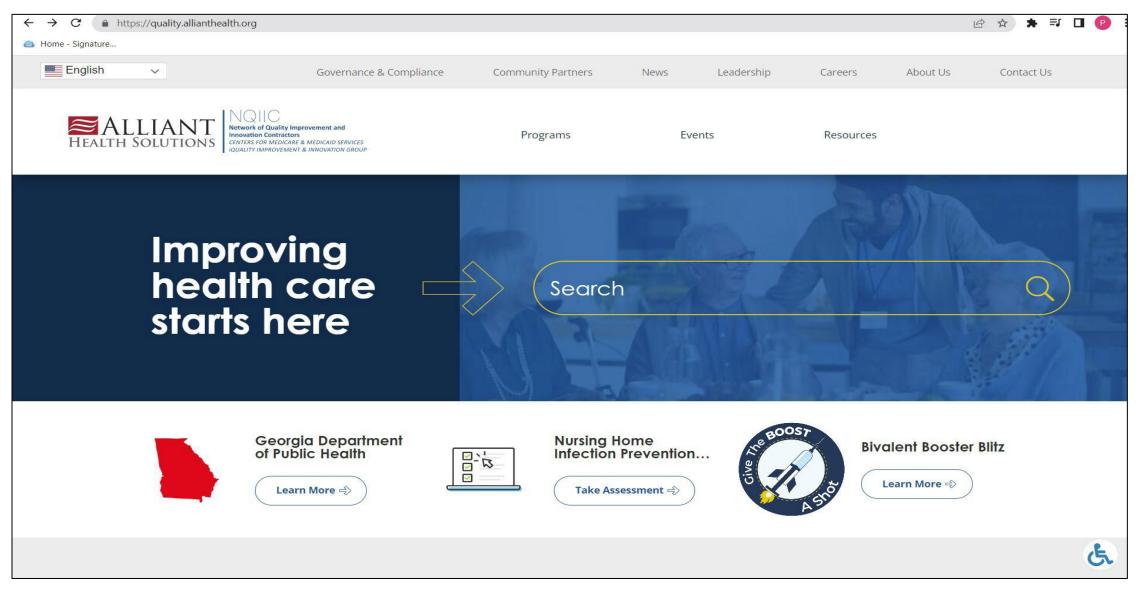
Last month's Shop Talk:

- NSHN live demo (COVID-19 Pathway Data Reporting and COVID-19 Vaccination Data Reporting to meet CMS reporting requirements)
- Slides
- Webinar Recording



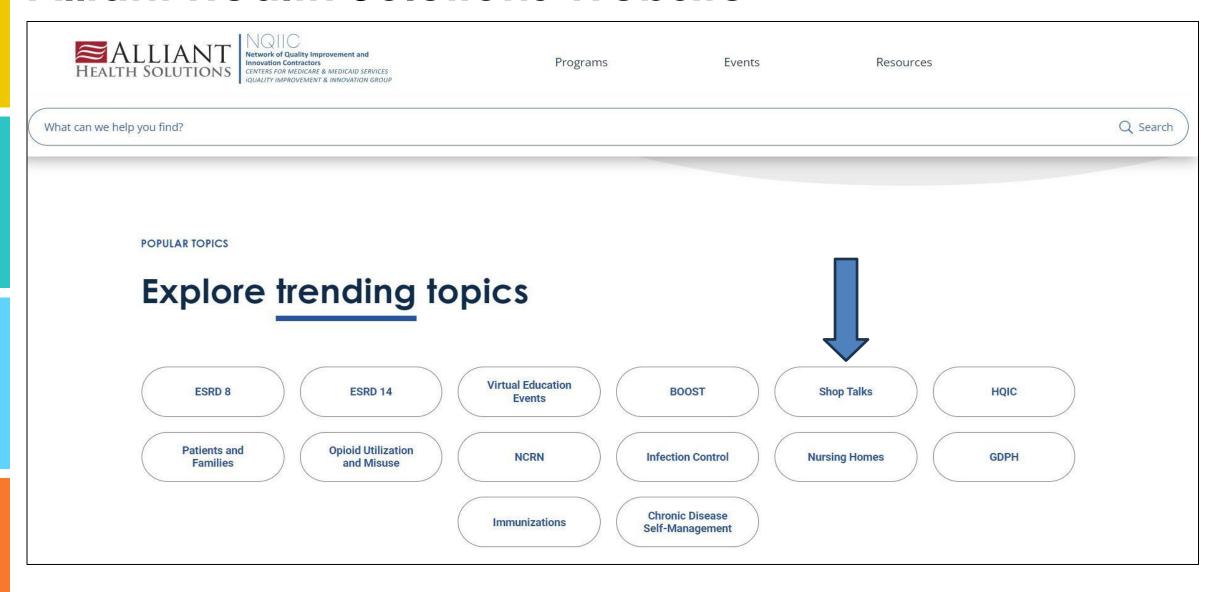


Alliant Health Solutions Website





Alliant Health Solutions Website



Alliant Health Solutions Website



Home

Programs

Events

Resources

What can we help you find?



Shop Talks & Quickinars

A shop talk is a webinar hosted by Alliant to share information and resources.

Updates and support for surveillance, tracking and infection prevention in nursing homes using National Healthcare Safety Network (NHSN). This WebEx is focused on submitting COVID-19 data but may include other components such as C. Diff, UTIs and hand hygiene.

<u>Click here</u> to access the Shop Talk Shorts FAQs and video playlist.

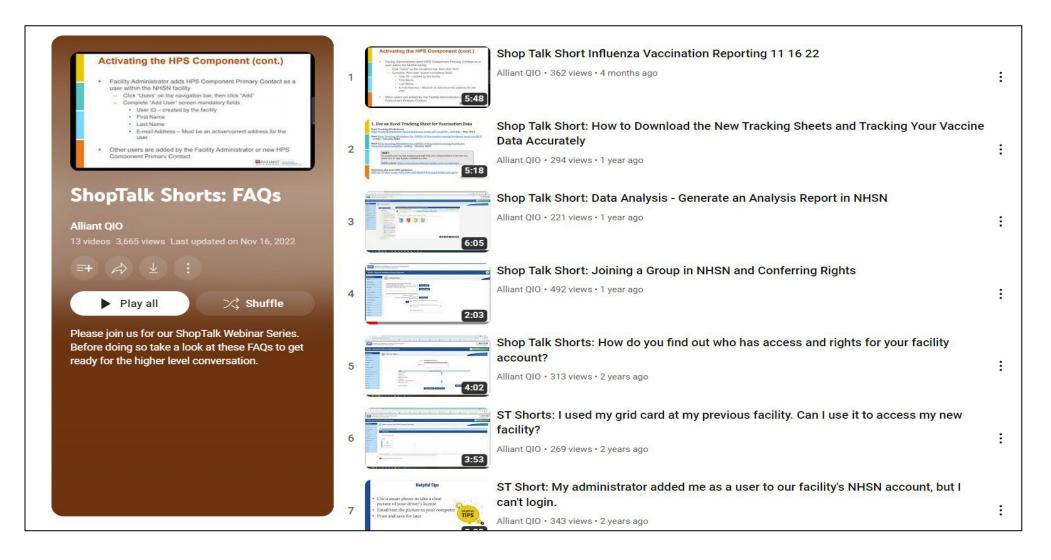
<u>Click here</u> to access the NHSN Weekly COVID-19 Vaccine Summary – Do Not Report Zeros resource.







Shop Talk and Shop Talk Shorts YouTube Channel



NHSN E-Newsletters

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	Patient Safety Component	
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Save the Date

What: NHSN Annual Training

When: March 18-22, 2024

Where: Virtual

Registration links and more details to come!





NHSN Training

Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners in order that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety.

Objectives

- Convey NHSN data collection methods, submission requirements, and analysis options to participants so that they may acquire, submit, and disseminate high quality, actionable data.
- Prepare participants to use the NHSN reporting application accurately and efficiently.
- Enhance participants' and their partners' understanding of data quality and the value of adverse event monitoring.
- Encourage collaboration among participants and partners to improve the patient and healthcare personnel safety across the spectrum of care.

NHSN Educational Roadmaps

NHSN Educational Roadmap

A guided tour of the training materials and information needed to provide a solid foundation of NHSN.



Long-Term Care Facility Component Roadmap

Phase II: Modules/Protocols Healthcare-associated Infections: Surveillance for Urinary Tract Infections Surveillance for UTI Module: Part I [Video – 24 min] Slideset PDF - 1.1 MB1 Surveillance for UTI Module: Part II [Video - 31 min] Slideset PDF - 3.4 MB UTI Protocol PDF - 533 KB Laboratory-identified Event (LabID Event): Surveillance for CDI and MDROs in LTCF Surveillance for CDI in LTCFs: LabID Event Modules [Video - 30 min] Slideset PDF - 1.1 MB1 Surveillance for MDROs in LTCFs: LabID Event Modules [Video - 24 min] Slideset 🚨 [PDF - 1.1 MB] LabID Event Protocol PDF - 308 KB Prevention Process Measures: Hand Hygiene, Gloves and Gown Adherence LTCF Prevention Process Measures Module [Video - 27 min] Slideset [PDF - 2 MB] PPM Protocol P [PDF - 308 KB] Phase III: Analysis Introduction to Analysis

Data for Action: How can NHSN data be used to guide prevention efforts in LTCF? - March 2017 [Video - 43 min]

Slideset [PDF - 4 MB]

Welcome to the Long-term Care Facility Component (LTC) Educational Roadmap. This roadmap has three (3) sections, LTC Foundation, Modules/Protocols and Analysis. For the best learning experience, start with the Long-term Care Foundation section and work your way down the list and complete each item. After you complete this section, select the LTC Modules/Protocols Training that best meets your practice needs followed by Analysis. Phase I: Long-Term Care Foundation Part I: NHSN Getting to Know NHSN and the Long-term Care Facility Component Infection Surveillance and Prevention in Long-term Care: A National Perspective [Video – 29 min] Slideset [PDF – 3 MB] Overview of Using NHSN to Track and Report Infections in LTCF [Video – 51 min] Slideset [PDF – 5 MB]

https://www.cdc.gov/nhsn/training/roadmap/ltc-roadmap.html



Questions?





Thank You for Your Time! Contact the Patient Safety Team

patientsafety@alliantHealth.org



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



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



Paula St. Hill, MPH, A-IPC
Technical Advisor, Infection Prevention
Paula.Sthill@allianthealth.org



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



Mark Your Calendar!



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

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 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





This material was prepared by Alliant Health Solutions, a Quality Innovation Network–Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO1-NH TO1-PCH-4984-12/15/23

