

# Reporting Annual Healthcare Personnel Influenza Vaccination Data

## Welcome!

Chat with Technical Support if you need assistance

**Presented by:**

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Infection Prevention Technical Advisor

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# Donald Chitanda, MPH, CIC LTC-CIP

## INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. Over the past several years, he has been 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.**

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# Paula St. Hill, MPH, CIC, 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.**

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# 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 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.**

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# 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](mailto:Amy.Ward@AlliantHealth.org)**



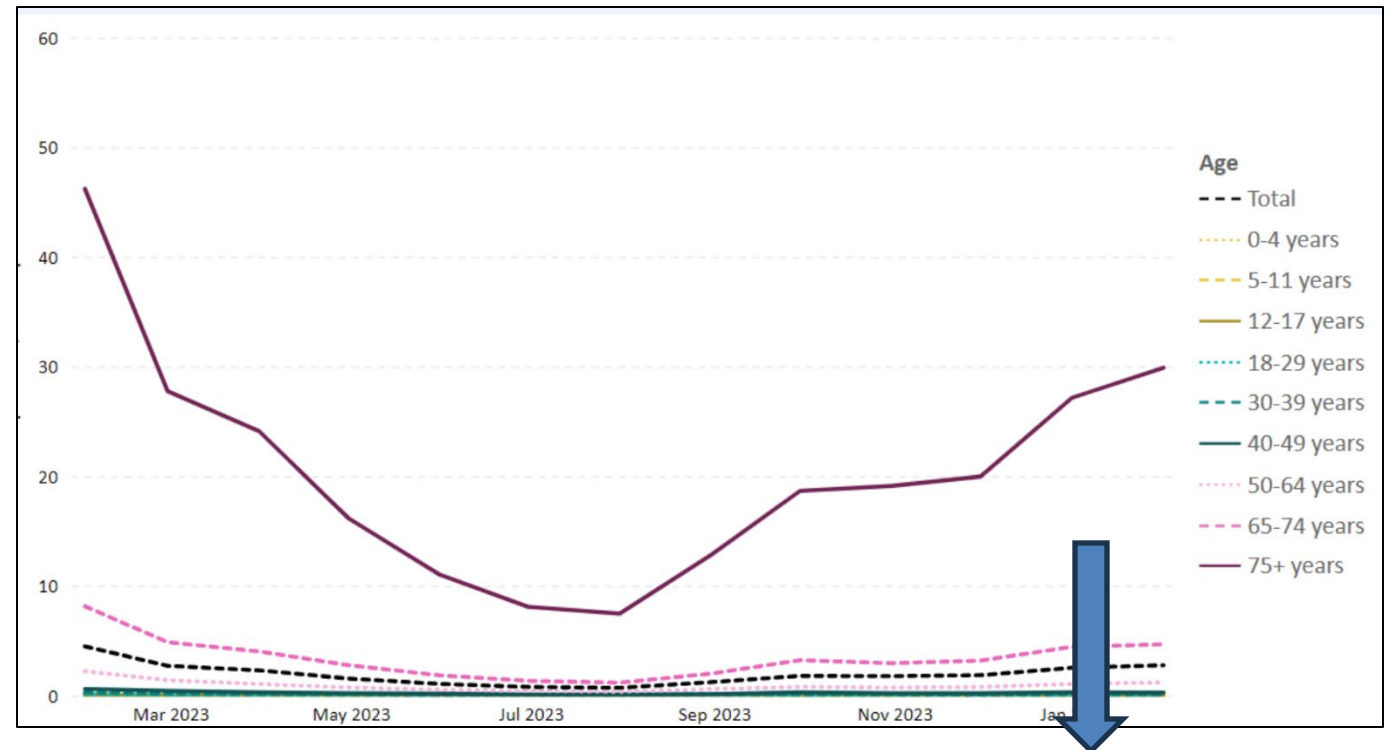
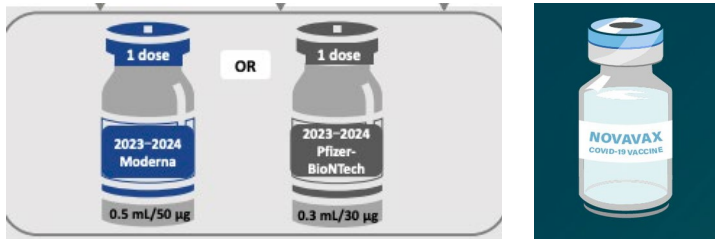
# Objectives

## Agenda:

- New updates/upcoming NHSN trainings
- CDC guidance updates for the general public and health care settings
- HCP vaccination flu summary reporting
- NHSN resources
- Live questions and answers

# What Is the COVID-19 Vaccine Recommendation?

ALL > six months SHOULD receive an updated COVID-19 vaccine (existing recommendation)  
An additional dose of the updated COVID-19 vaccine SHOULD be administered four months after the original updated vaccine for those  $\geq 65$  years old (new additional recommendation).



# Upcoming NHSN Training—Updates to Weekly COVID-19 Vaccination Data Reporting: LTC

Dear NHSN Users,

The NHSN Vaccination Team will be hosting two webinars to review important changes to the surveillance definition of up to date with COVID-19 vaccines. These webinars are geared toward long-term care facilities reporting vaccination data through the NHSN COVID-19 Vaccination Modules.

## Key Points:

### What are the new recommendations?

- ACIP and CDC provided new recommendations of COVID-19 vaccines for individuals aged 65 years and older.
- Individuals aged **65 years and older** are up to date when they have received **2 doses of the updated 2023-2024 COVID-19 vaccine** or received **1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months**.
- There is **no change** to the up to date definition for individuals **younger than 65 years**. Therefore, individuals aged **less than 65 years** are up to date when they have received 1 dose of the updated 2023-2024 COVID-19 vaccine (any time since it was approved in September 2023).
- The new definition applies to both the **NHSN Weekly HCP and Resident Vaccination Forms**.
- The up to date definition change for individuals aged 65 years and older will occur at the start of Quarter 2 of 2024 (week of April 1 - 7, 2024).

# Upcoming NHSN Training—Updates to Weekly COVID-19 Vaccination Data Reporting: LTC

## How should facilities report data beginning with Quarter 2 of 2024?

- Residents and healthcare personnel aged **65 and older** should **NOT** be counted as up to date with COVID-19 vaccines until they receive a second dose of the 2023-2024 updated COVID-19 vaccine; **or** if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine in the past 4 months.
- Be careful not to incorrectly over-report the number of residents who are up to date. **Residents aged 65 and older who previously had 1 dose of the 2023-2024 COVID-19 vaccine greater than 4 months ago, should NOT be counted as up to date (question #2).**
- Continue to count residents and healthcare personnel age **less than 65** as up to date if they have received 1 dose of the updated 2023-2024 COVID-19 vaccine.

# Upcoming NHSN Training—Updates to Weekly COVID-19 Vaccination Data Reporting: LTC

## Webinar dates and registration

**Topic:** Updates to Weekly COVID-19 Vaccination Data Reporting: Long-term Care Facilities

**When:** Wednesday, March 27, 2024, 2 p.m. Eastern Time (US and Canada)

**Register in advance for this webinar:**

[https://cdc.zoomgov.com/webinar/register/WN\\_\\_F98eZSGSReD3vznNL2tzg](https://cdc.zoomgov.com/webinar/register/WN__F98eZSGSReD3vznNL2tzg)

**When:** Tuesday, April 2, 2024, 2 p.m. Eastern Time (US and Canada)

**Register in advance for this webinar:**

[https://cdc.zoomgov.com/webinar/register/WN\\_rjHZrnezSaqzTUzZ0jagxQ](https://cdc.zoomgov.com/webinar/register/WN_rjHZrnezSaqzTUzZ0jagxQ)

After registering, you will receive a confirmation email containing information about joining the webinar. Both webinars will cover the same information.

# Upcoming NHSN Training—Reporting Annual HCP Influenza Vaccination Data

**When:** Thursday, March 28, 2024, at 2 p.m. Eastern Time (US and Canada)

- **Register in advance for this webinar replay:**

[https://cdc.zoomgov.com/webinar/register/WN\\_trP6cwnjRtOYRXi5OYeGcw](https://cdc.zoomgov.com/webinar/register/WN_trP6cwnjRtOYRXi5OYeGcw)

**When:** Thursday, April 25, 2024, at 2 p.m. Eastern Time (US and Canada)

- **Register in advance for this webinar replay:**

[https://cdc.zoomgov.com/webinar/register/WN\\_GJvxuP61Snyk-XWt-QmQMQ](https://cdc.zoomgov.com/webinar/register/WN_GJvxuP61Snyk-XWt-QmQMQ)

# CDC Guidance Updates for the General Public

# CDC Recommendations for COVID-19

## Health Care Settings

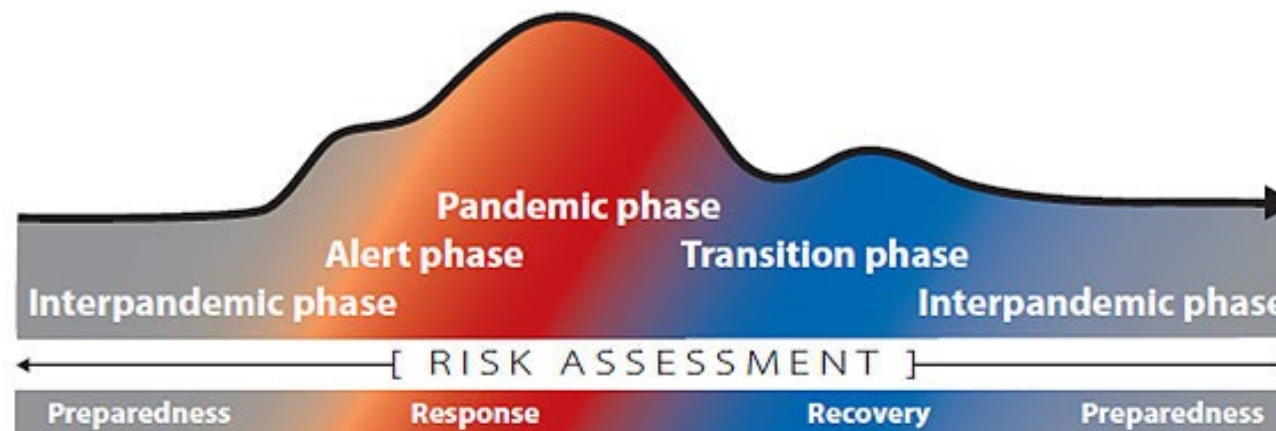
**No changes** were made to the [CDC IPC guidelines for health care settings](#)

- This guidance still applies to all settings where health care is delivered, including nursing homes and home health.

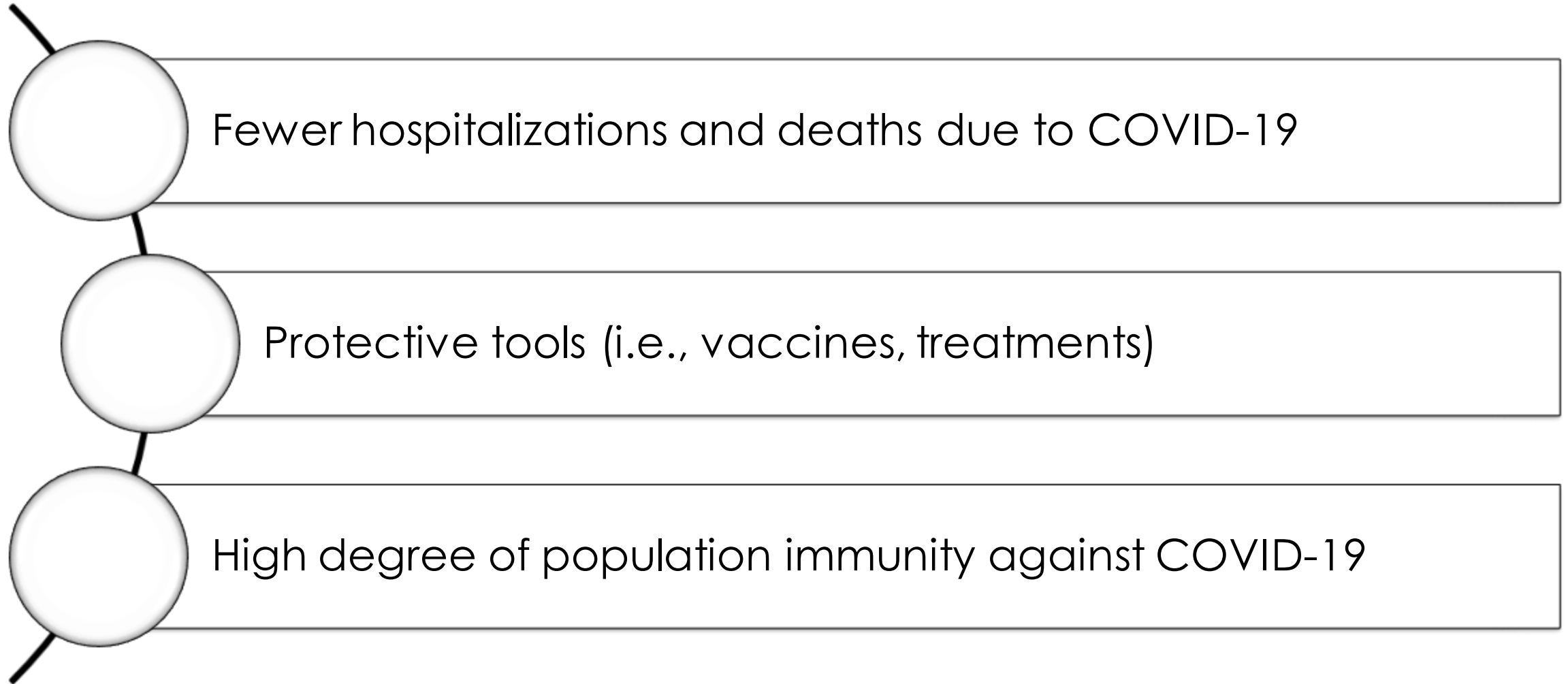
## General Public

CDC updated guidelines for the public

- Standardized [recommendations for respiratory viruses](#), including but not limited to COVID-19, influenza and Respiratory Syncytial Virus (RSV).



# Rationale for General Public Guidance Updates

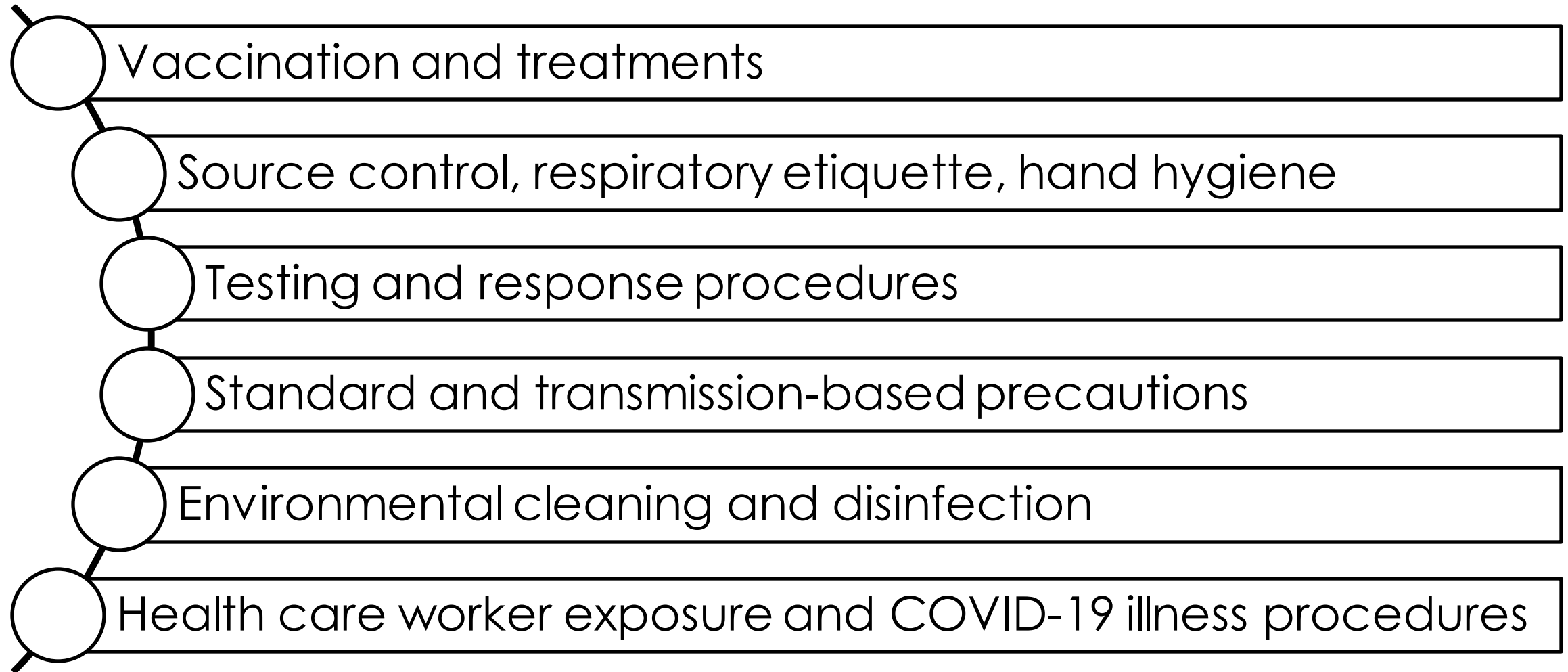


# Situations for Which the Respiratory Virus Guidance Does Not Apply

- **This guidance is not meant to apply to specialized situations, like health care or certain disease outbreaks, in which more detailed guidance specific to the pathogen may be warranted.**
- The Respiratory Virus Guidance covers most common respiratory viral illnesses but should not supplant specific guidance for pathogens that require special containment measures, such as measles.
  - The guidance may not apply in certain outbreak situations when more specific guidance may be needed.
- CDC offers separate, specific guidance for health care settings ([COVID-19](#), [flu](#), and [general infection prevention and control](#)).

# CDC IPC Guidance for Health Care Settings

# COVID-19 IPC Practices Continue



# Source Control, Respiratory Etiquette and Hand Hygiene

- Source Control
  - Utilize as an IPC intervention to reduce risk in certain situations
    - Can be implemented in specific areas of the facility or broadly when there is an increased risk of transmission within the local area or during active or ongoing outbreaks
    - Could be guided by facility policies, risk assessment, or public health authorities
- Respiratory Etiquette
  - Post [signage](#) at facility entrances
  - Provide masks, tissues, hand sanitizer and trash receptacles along with signage
- Hand Hygiene
  - Regularly monitor compliance
  - Set improvement goals and report data to the QAPI committee regularly
  - Identify barriers to compliance among staff



# Admissions Testing

- Admission testing performed at the discretion of the facility
  - Facility leadership should consider the risks to the resident population and the pros and cons of admission testing
  - Residents who are outside of the facility for more than 24 hours should be considered an admission
- Empiric use of transmission-based precautions is generally not necessary for admissions or for residents who leave the facility for less than 24 hours (e.g., for medical appointments or community outings) and do not meet criteria described in Section 2

# Testing Considerations

- COVID-19 testing
  - As soon as possible, prioritize testing for anyone, even with mild symptoms, regardless of vaccination status.
    - Implement transmission-based precautions or work restrictions.
    - Individuals who have had close contact with someone with COVID-19 should have a series of three tests completed at 0 hours, 48 hours, and 48 hours after the second negative test.
  - Source control is recommended in most circumstances for individuals who remain asymptomatic and have negative test results during the testing period.
- Influenza testing should be considered if it will alter clinical management or infection control decisions (administration of antiviral therapy, guiding influenza outbreak protocols, admissions, and placements, etc..).
  - Note: Co-infection can occur, and a positive test result for influenza without COVID-19 testing does not exclude COVID-19, and COVID-19 testing without influenza testing does not exclude influenza.

# Resident Placement

- Placement of resident with suspected or confirmed SARS-CoV-2 infection.
  - A single room with a private bathroom is preferred for those with confirmed or suspected COVID-19.
  - If cohorting is necessary, place residents with the same respiratory pathogen together.
    - MDRO colonization status and/or the presence of other communicable diseases should also be considered during the cohorting process.
  - If the above is not possible or numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning COVID-19, residents should remain in their current location.

# Transmission-Based Precautions

**Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:**

- At least 10 days have passed *since symptoms first appeared*, **and**
- At least 24 hours have passed *since the last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

**Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:**

- At least 10 days have passed since their first positive viral test.

**Patients with severe to critical illness and who are *not* moderately to severely immunocompromised:**

- At least 10 days and up to 20 days have passed *since symptoms first appeared*, **and**
- At least 24 hours have passed *since the last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- The test-based strategy, as described for moderately to severely immunocompromised patients below, can inform the duration of isolation.

**Patients who are moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- It is recommended that a test-based strategy be used and (if available) that an infectious disease specialist be consulted to determine when Transmission-Based Precautions could be discontinued for these patients.

# Transmission-Based Precautions

**Criteria for the test-based strategy (to discontinue transmission-based precautions).**

## **Patients who are symptomatic:**

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

## **Patients who are not symptomatic:**

- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

# Environmental Cleaning and Disinfection

- Utilize dedicated medical equipment whenever possible
  - All non-dedicated/non-disposable must be cleaned and disinfected before use on another patient or resident
- Follow routine cleaning and disinfection procedures should be followed
  - Utilize disinfectants from [List N](#) on EPA website with efficacy against the virus that causes COVID-19
- Follow routine management processes for laundry, food service items, and waste

# CDC Health Care Personnel Recommendations

After an exposure to COVID-19, restriction is not generally necessary for health care workers if they remain asymptomatic and do not test positive.

## Return to work criteria

- HCPs with **mild to moderate illness** who are not moderately to severely immunocompromised may return when:
  - At least seven days have passed since symptom onset (negative viral test\* is obtained within 48 hours before returning to work) or 10 days if testing is not performed or if a positive test at Day Five through Day Seven), and no fever within 24 hours without fever-reducing medications.
  - Symptoms (e.g., cough, shortness of breath) have improved.
  - \*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on Day Five and again 48 hours later.
- HCPs who were **asymptomatic throughout their infection and are not moderately to severely immunocompromised** could return to work after the following criteria have been met:
  - At least seven days have passed since the date of their first positive viral test if a negative viral test\* is obtained within 48 hours before returning to work (or 10 days if testing is not performed or if a positive test at Day Five through Day Seven).
  - \*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on Day Five and again 48 hours later.
- HCPs with **severe to critical illness** who are not moderately to severely immunocompromised could return to work after the following criteria have been met:
  - At least 10 days and up to 20 days since symptom onset, and no fever within 24 hours without fever-reducing medications.
  - Symptoms have improved.

# CDC COVID-19 Infection Prevention and Control Guidance Updates



[Interim IPC Recommendations for Healthcare Personnel](#)

[Interim Guidance for Managing Healthcare Personnel with Infection or Exposure](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

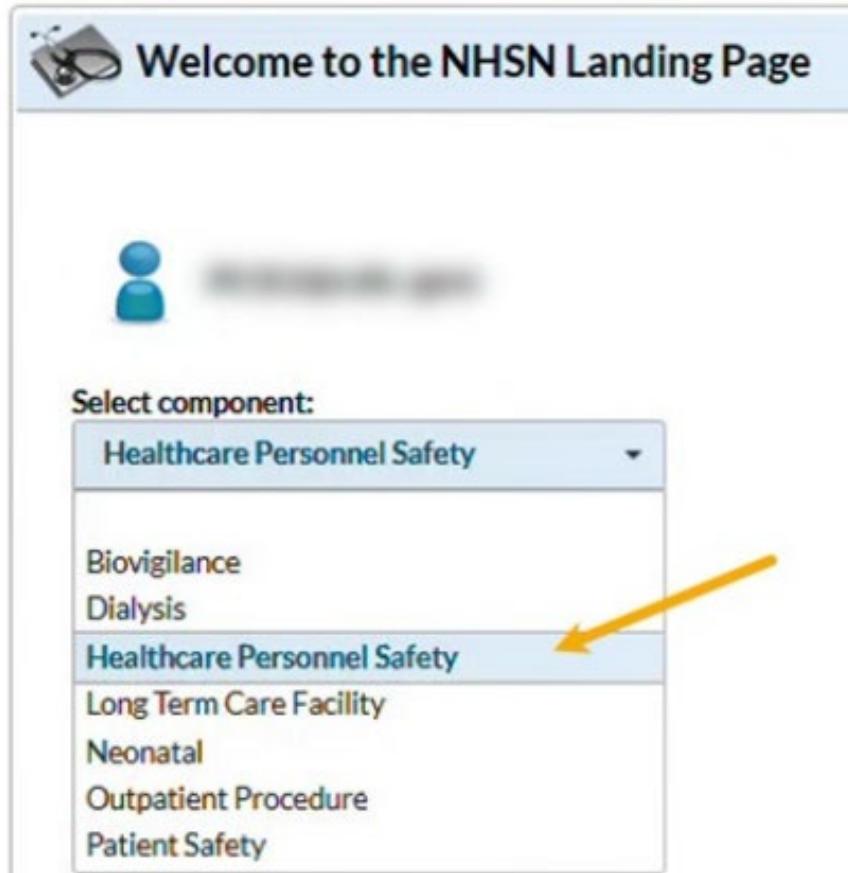
# HCP Influenza Reporting

# When To Report


- The reporting period for the 2023-2024 influenza season is from October 1, 2023, through March 31, 2024.
- The deadline to report the one-time summary report is **May 15, 2024**.

# What To Report

- Report **annual HCP influenza vaccination summary data** through the NHSN Healthcare Personnel Safety (HPS) Component for the 2023-2024 influenza season



Welcome to the NHSN Landing Page

 [blurred name]

Select component:

Healthcare Personnel Safety	▼
Biovigilance	
Dialysis	
Healthcare Personnel Safety	←
Long Term Care Facility	
Neonatal	
Outpatient Procedure	
Patient Safety	

# Who Can Report

- The NHSN-designated facility admin (FA) is the only person who can initiate the process of activating the HPS component in NHSN.
  - FA must have SAMS Level 3 reporting access to activate the HPS component.
  - FA can designate another user to do the reporting once activated.

# NHSN - National Healthcare Safety Network

## NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Event

Summary Data

COVID-19/Respiratory  
Pathogens

Vaccination Summary

Import/Export

Surveys

Analysis

Users

Facility

Group

Logout



## NHSN Long Term Care Facility Component Home Page

### Long Term Care Dashboard

### Action Items

#### COMPLETE THESE ITEMS

Survey Required  
**2023**

Facility Geolocation  
**Confirm**

#### ALERTS

Customize Forms

Facility Info

Add/Edit Component

Locations

Direct Enroll

Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 2645a-1).

[Get Adobe Acrobat Reader for PDF files](#)

## Components Followed

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
<input type="checkbox"/>	Biovigilance				
<input type="checkbox"/>	Dialysis				
<input checked="" type="checkbox"/>	Healthcare Personnel Safety	10/18/2022		Y	<a href="#">View Agreement</a>
<input checked="" type="checkbox"/>	Long Term Care Facility	01/28/2020		Y	<a href="#">View Agreement</a>
<input type="checkbox"/>	Medication Safety (pilot facilities only)				
<input type="checkbox"/>	Neonatal				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				

## Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<input type="button" value="Edit"/>	Facility Administrator	Robert	404- [REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Healthcare Personnel Primary Contact	Robert	404- [REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Long Term Care Facility Primary Contact	Robert	404- [REDACTED]	[REDACTED]	<input type="button" value="Reassign"/>

Update

Back

# 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

# Where To Report

- First, the Healthcare Personnel Safety (HPS) Component in NHSN must be activated.
  - Do not de-activate other checked components, such as the LTC component.



# 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](mailto:samshelp@cdc.gov)

External Partners

SAMS Credentials

SAMS Multi-factor Login

SAMS Username

SAMS Password

OR

Sign on with a SAMS Grid Card or Mobile Soft Token

Login

Forgot Your Password?

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

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 Home interface. On the left is a sidebar with a menu including: 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 labeled '1'. A sub-menu is open for 'Vaccination Summary', showing 'Annual Vaccination Flu Summary' (highlighted with a yellow circle labeled '2') and 'Weekly Flu Vaccination Summary'. The 'Annual Vaccination Flu Summary' item has a dropdown menu open, showing 'Add' (highlighted with a yellow circle labeled '3'), 'Find', and 'Incomplete'. The main content area is titled 'Add Summary Data' and contains a 'Summary Data Type:' dropdown menu set to 'Influenza Vaccination Summary'. To the right of this menu are two buttons: 'Continue' (highlighted with a yellow circle labeled '4') and 'Back'.

# 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 \*: ▼

Two red arrows point to the 'Influenza' and 'Seasonal' dropdown menus.

# 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

**Save** **Delete** **Back**

# 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

Edit

Delete

Back

# Common Issues (last season)

- NHSN-designated FA is no longer employed at the facility.
- FA and/or other NHSN users did not have Level 3 access.
- The LTC component was deactivated while trying to activate the HPS component.
- Facilities not aware of the reporting deadline.

# How To Be Prepared

- Ensure each entity has multiple NHSN users who have admin rights assigned to them.
- Ensure the person listed as FA is still with the facility.
- Ensure all NHSN users have Level 3 access.
  - If you do not currently have Level 3 access, you should have received an invitation from NHSN.
  - To request Level 3 access, please do so in NHSN-Service now or email [NHSN@cdc.gov](mailto:NHSN@cdc.gov) and put “SAMS Level 3 Access” in the email subject line.

# Questions or Need Help?

Please use **NHSN-ServiceNow** to submit questions to the NHSN Help Desk. The new portal can be accessed [here](#) and should be used in place of [nhsn@cdc.gov](mailto:nhsn@cdc.gov), [nhsntrain@cdc.gov](mailto:nhsntrain@cdc.gov), and [nhsndua@cdc.gov](mailto:nhsndua@cdc.gov).

ServiceNow will help the NHSN team respond to your questions faster. Users will be authenticated using CDC's Secure Access Management Services (SAMS), the same way you access NHSN. If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

For more information, please contact Centers for Disease Control and Prevention  
1600 Clifton Road NE, Atlanta, GA 30333  
Telephone, 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)

# Resources for HCP Flu Reporting

## Where can facilities access training materials?

- Materials about annual HCP influenza vaccination data reporting are organized under the “Annual” reporting headings on this webpage: [HCP Flu Vaccination](#) | [HPS](#) | [NHSN](#) | [CDC](#).

## What are key training materials for LTCFs?

- This slide deck reviews how LTC facilities can report annual HCP influenza vaccination data through NHSN: [HCP Influenza Vaccination Summary \(cdc.gov\)](#).
- This operational guidance document outlines the CMS reporting requirement: [Operational Guidance for Skilled Nursing Facilities to Report Annual Influenza Vaccination Data to CDC’s NHSN](#).
- There will be a refresher training for LTCFs this fall. Registration information will be provided at a later date.

## Who do facilities contact with questions?

- Please direct all questions regarding CMS SNF QRP requirements and deadlines to [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov).
- For questions on entering annual HCP influenza vaccination summary data through NHSN, please e-mail [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “HPS Flu Summary – LTCF” in the e-mail subject line.

# NHSH Shop Talk for Long-Term Care Facilities

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



## Shop Talks & Quickinars

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

# Contact the Patient Safety Team

[patientsafety@alliantHealth.org](mailto:patientsafety@alliantHealth.org)



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# Questions?



# Mark Your Calendar!



Shop Talk

3<sup>rd</sup> 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



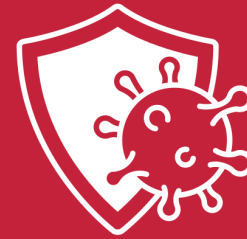
## CHRONIC DISEASE SELF- MANAGEMENT

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