

Shop Talk For Long-Term Care Facilities: COVID-19 Updates, Influenza Vaccination Reporting, NHSN Updates, and Live Q&A

Welcome!

Chat with Technical Support if you need assistance

Presented by:

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

April 18, 2024

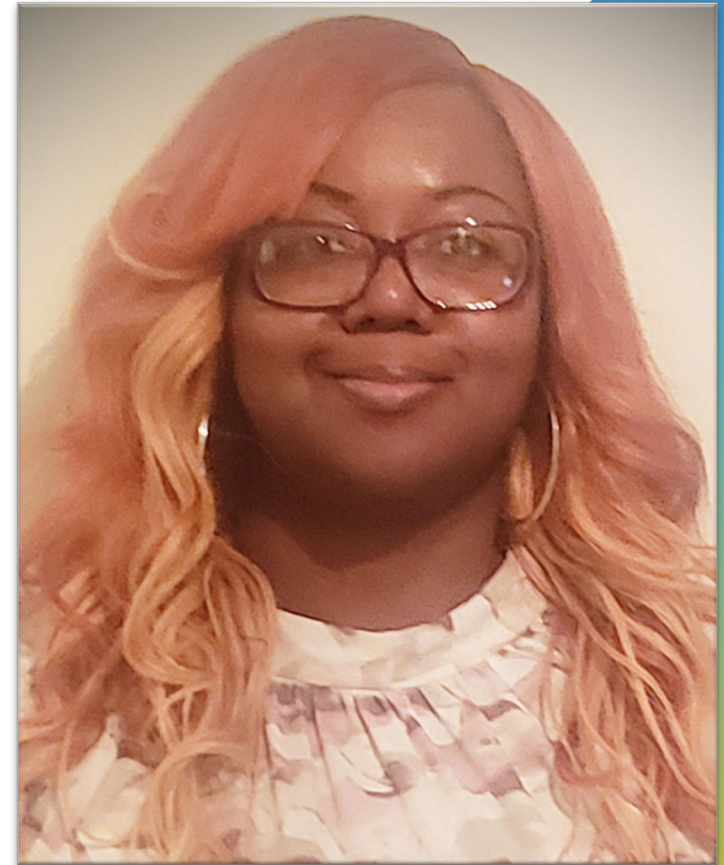
Paula St. Hill, DrPH, MPH, CIC, A-IPC

INFECTION PREVENTION TECHNICAL ADVISOR

Dr. St. Hill is a health care professional 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.

Dr. St. Hill enjoys spending time with her friends and family.

Contact: Paula.StHill@allianthealth.org



Donald Chitanda, MPH, CIC, LTC-CIP

INFECTION PREVENTION TECHNICAL ADVISOR

Donald is a health professional with experience in public health epidemiology and infection prevention. For 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: Donald.Chitanda@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. 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: Erica.Umeakunne@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 camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org



Agenda

- COVID-19 updates
- EBP Memo
- NHSN Q2 updates
- RIFC Pathway
- NHSN influenza reporting
- Alliant Health and NHSN updates
- Live questions and answers

COVID-19 Updates

CDC COVID-19 Update for the United States

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

3.5%

(March 24 to March 30, 2024)

Trend in % Test Positivity

-0.6% in most recent week



Feb 10, 2024

Mar 30, 2024

Emergency Department Visits >

% Diagnosed as COVID-19

0.5%

(March 24 to March 30, 2024)

Trend in % Emergency Department Visits

-14.5% in most recent week



Feb 10, 2024

Mar 30, 2024

Severity Indicators

Hospitalizations >

Hospital Admissions

8,015

(March 24 to March 30, 2024)

Trend in Hospital Admissions

-15.3% in most recent week



Feb 10, 2024

Mar 30, 2024

Deaths >

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

1.2%

(March 24 to March 30, 2024)

Trend in % COVID-19 Deaths

-20% in most recent week



Feb 10, 2024

Mar 30, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Total Hospitalizations

6,909,932

Total Deaths

1,187,509

CDC | Test Positivity data through: March 30, 2024; Emergency Department Visit data through: March 30, 2024; Hospitalization data through: March 30, 2024; Death data through: March 30, 2024.

Posted: April 8, 2024 3:21 PM ET

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



Go

COVID-19 County Check



COVID-19 County Check

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

Select a Location (all fields required)

Georgia Chatham County

< Start Over

● Low

In **Chatham County, Georgia**, the COVID-19 hospital admission level is **Low**.

- [Stay up to date](#) with COVID-19 vaccines.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) 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 [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a high-quality [mask or respirator](#) when indoors in public.

If you are immunocompromised, learn more about [how to protect yourself](#).

Find out more about the COVID-19 situation in **Chatham County, Georgia** with [COVID-19 Data Tracker](#).

March 30, 2024

Individual-Level Prevention Strategies

LOW, MEDIUM, AND HIGH

At all COVID-19 hospital admission levels:



- [Stay up to date](#) on vaccination.
- Maintain [ventilation improvements](#).
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for [isolation](#) 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 [high risk of getting very sick](#), talk with a healthcare provider about additional prevention actions.

MEDIUM AND HIGH

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



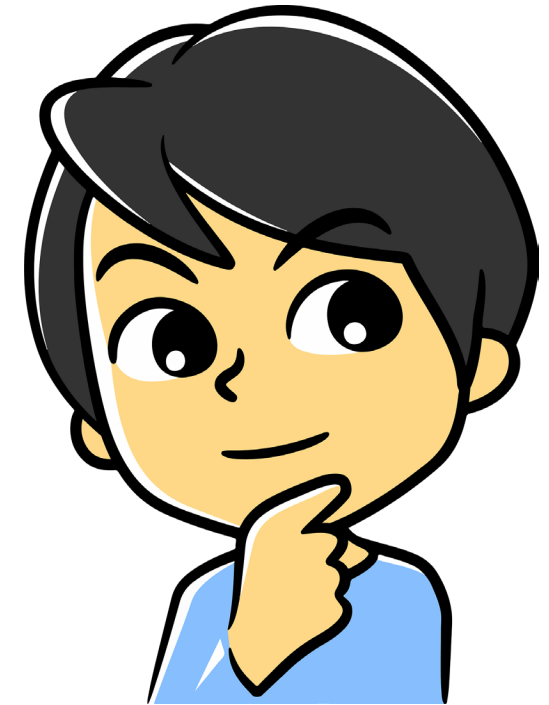
- If you are at [high risk of getting very sick](#), wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality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



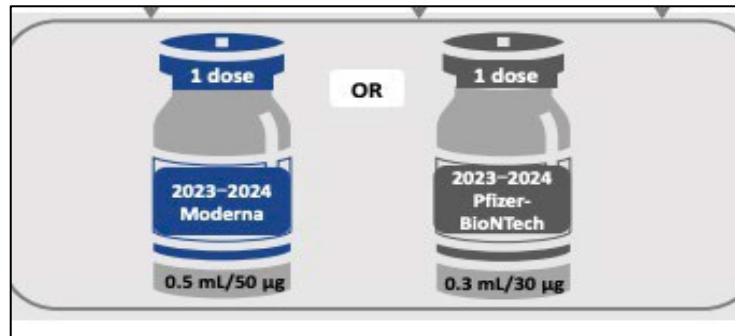
- Implement healthcare surge support as needed.



Stay Up-to-Date With COVID-19 Vaccines

At a glance:

- CDC recommends the 2023-2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19
- None of the updated 2023-2024 COVID-19 vaccines is preferred over another
- Everyone aged 5 years old and older should get one dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19
- People aged 65 years and older who received one dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive one additional dose of an updated COVID-19 vaccine at least four months after the previous updated dose
- COVID-19 vaccine recommendations will be updated as needed



When Are You Up-to-Date?

- Individuals aged **65 years and older** are up to date when they received **two doses of the updated 2023-2024 COVID-19 vaccine** or received **one dose of the updated 2023-2024 COVID-19 vaccine in the past four months.**
 - Individuals younger than 65 are up to date when they have received one dose of the updated 2023-2024 COVID-19 vaccine.

Enhanced Barrier Precautions (EBP) Memo

CMS Memo: EBP in Nursing Homes

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



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-24-08-NH

DATE: March 20, 2024
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: Enhanced Barrier Precautions in Nursing Homes

Memorandum Summary

- CMS is issuing new guidance for State Survey Agencies and long term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards.
- EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status.
- The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control.

Enhanced Barrier Precautions

- Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high-contact resident care activities.
- EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO
- Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> Infection or colonization with an MDRO <i>when Contact Precautions do not otherwise apply</i> Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> 	During high-contact resident care activities: <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
Contact Precautions	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

Implementation of Personal Protective Equipment (PPE) Uses in Nursing Homes To Prevent the Spread of Multi-Drug Resistant Organisms (MDROs):

Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes

Enhanced Barrier Precautions (EBP): Guidance for Nursing Homes to Prevent MDRO Spread

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index

Search

Healthcare-associated Infections

CDC > Healthcare-associated Infections (HAI) > Containment Strategy

- Healthcare-associated Infections (HAI)
- HAI Data +
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- Containment Strategy** -
 - What Can Be Done
 - Guidelines
 - Case Studies
 - PPE in Nursing Homes**
 - State-based HAI Prevention Activities +
 - Research +

Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Note: This Interim Guidance was updated on 07/26/2019 to clarify its current intended use as part of a Containment Response¹. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.

Print version: [Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#) [PDF - 6 pages]

Implementation of Contact Precautions, as described in the CDC [Guideline for Isolation Precautions](#), is perceived to create challenges for nursing homes trying to balance the use of PPE and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment.

On This Page

- Description of Existing Precautions
- Description of New Precautions
- Summary of PPE Use and Room Restriction
- Implementation
- References


Implementation of PPE in Nursing Homes to Prevent Spread of Novel or Targeted MDROs

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Alliant EBP Resources

RESIDENT, FAMILY, AND VISITORS

Enhanced Barrier Precautions



You or your loved one is in Enhanced Barrier Precautions. These precautions prevent spread of infection between residents in Long Term Care Facilities (LTCFs). This type of infection is spread by directly touching the resident or something they have touched.

An orange sign saying "Enhanced Barrier Precautions" is outside the room letting staff, families, and visitors know what they can do to help keep resident safe.

As a resident, family, or visitor you must help by:

- Cleaning hands when you enter and leave the room.
- Limit where you go outside the room unless given permission by the nurse so that germs are not spread to other residents, visitors, and staff.
- Asking doctors and staff to wash their hands as they enter and leave the room even if they are using gloves.


You will see doctors and staff doing the following:

Hand Hygiene
• Cleaning hands before and after caring for the resident.

Group Activities
• Does not require a private room and they may continue with group activities

Gloves, Gowns, Masks, Goggles
• They will wear gloves and gown when providing high contact activities and remove them before leaving. They might also wear mask and goggles.

If you have additional questions about Enhanced Barrier Precautions, ask your nurse.



[EBP Education for Residents, Family, & Visitors](#)

Enhanced Barrier Precautions

Enhanced Barrier Precautions in Nursing Homes (Video) →

Facility Poster – EBP Steps →

Staff Pocket Guide – EBP →

Resident & Loved Ones – How We Keep Our Residents Safe →

Pre-Implementation Tool →

Implementation Observations Tool →

<https://quality.allianthealth.org/topic/infection-control/>

STOP ENHANCED BARRIER PRECAUTIONS STOP
(In addition to Standard Precautions)
(If you have questions, ask nursing staff)

Everyone Must:




Clean hands when entering and leaving room

Doctors and Staff Must:

Wear gloves and a gown for the following High-Contact Resident Care Activities:




- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting



- Device care or use: central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.



[EBP Signage](#)

NHSN Reporting Period Q2 (April 1, 2024 – June 30, 2024)

NHSN Reporting Period Q2

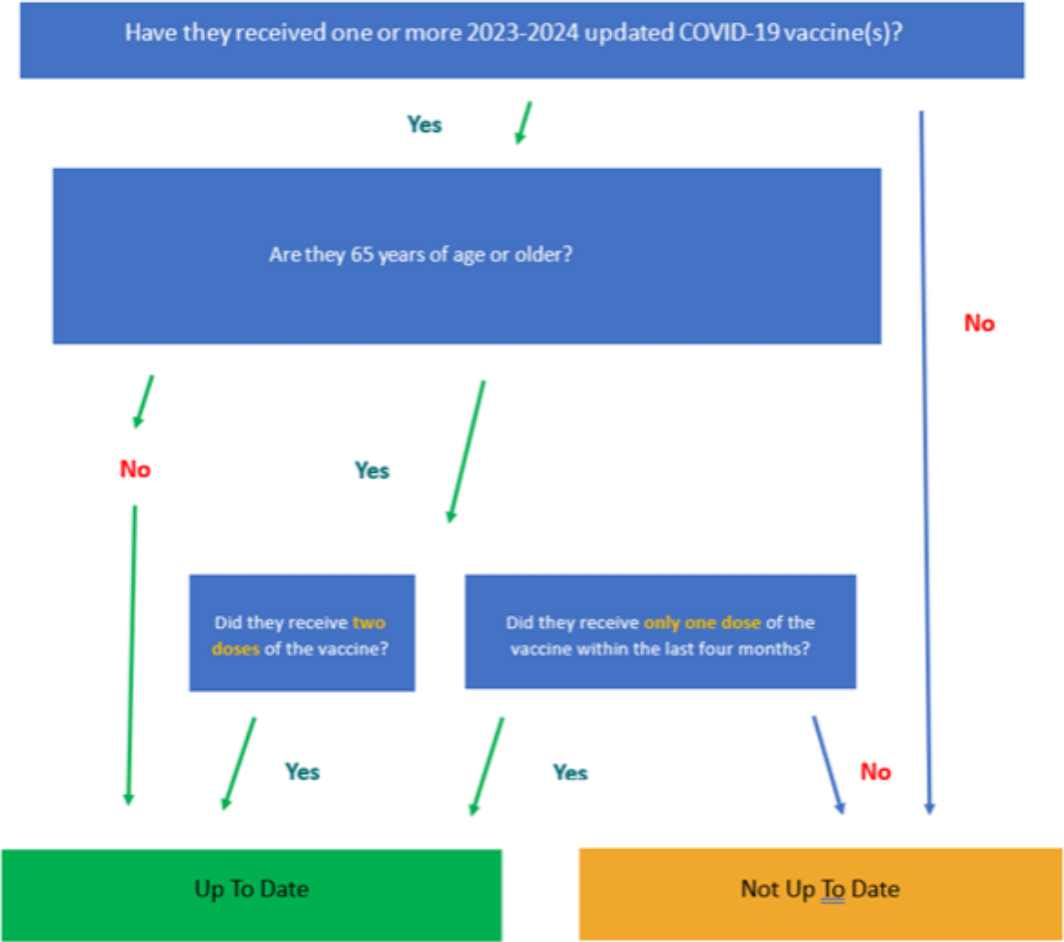
From April 1, 2024 – June 30, 2024

- For this reporting quarter, individuals are considered up-to-date with their COVID-19 vaccines for NHSN surveillance if they meet the following criteria:
 - Individuals aged **65 years and older** are up-to-date when they have:
 - Received two doses of the updated 2023-2024 COVID-19 vaccine **or**
 - Received one dose of the updated 2023-2024 COVID-19 vaccine within the past four months
 - Individuals **younger than 65 years** of age are up-to-date when they have:
 - Received one dose of the updated 2023-2024 COVID-19 vaccine

Up-To-Date With COVID-19 Vaccines Decision Tree

Appendix 1a: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period of April 1, 2024 – June 30, 2024 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 2 of 2024 (representing vaccination data for April 1, 2024 – June 30, 2024).



NHSN Reporting Period Q2

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

- Residents and health care 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 received one dose of the updated 2023-2024 COVID-19 vaccine in the past four months.
- Be careful not to incorrectly over-report the numbers of residents who are up-to-date. **Residents aged 65 and older who previously had one dose of the 2023-2024 COVID-19 vaccine greater than four months ago should NOT be counted as up-to-date (Question #2).**
- Continue to count residents and health care personnel **younger than 65** as up-to-date if they received one dose of the updated 2023-2024 COVID-19 vaccine.

Weekly COVID-19 Vaccination: Resident Form

Who is considered up to date has changed, but the form has not.

1. * Number of residents staying in this facility for at least 1 day during the week of data collection	<input type="text"/>
2. * <u>Cumulative</u> number of residents in Question #1 who are up to date with COVID-19 vaccines.	<input type="text"/>
Please review the current definition of <u>up to date</u> : Key Terms and Up to Date Vaccination.	
3. * <u>Cumulative</u> number of residents in Question #1 with other conditions:	
3.1 * Medical contraindication to COVID-19 vaccine	<input type="text"/>
3.2 * Offered but declined COVID-19 vaccine	<input type="text"/>
3.3 * Unknown/Other COVID-19 vaccination status	<input type="text"/>

Note: The sum of the numbers entered for questions 2 and 3 should equal the total number of individuals entered for question 1.

Weekly COVID-19 Vaccination: HCP Form

Who is considered up to date has changed, but the form has not.

	Healthcare Personnel (HCP) Categories					
			Employee HCP	Non-Employee HCP		
	* All Core HCP ^a	* All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants ^d	* Adult students/trainees & volunteers ^e	* Other Contract Personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. * Cumulative number of HCP in Question #1 who are <u>up to date</u> with COVID-19 vaccine(s). Please review the current definition of up to date: Key Terms and Up to Date Vaccination .	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. * <u>Cumulative</u> number of HCP in Question #1 with other conditions:						
3.1 * Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2 * Offered but declined COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3 * Unknown/Other COVID-19 vaccination status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The sum of the numbers entered for questions 2 and 3 should equal the total number of individuals entered for question 1.

Weekly COVID-19 Vaccination

Where should individuals who are not up to date be counted?

- Individuals who are not up to date, regardless of age, are still counted in the following categories for question 3:
 - Question 3.1 *Medical contraindication to COVID-19 vaccine
 - Question 3.2 *Offered but declined COVID-19 vaccine
 - Question 3.3 *Unknown/other COVID-19 vaccination status

Note: Users should review the [COVID-19 Vaccination Modules: Understanding Key Terms and Up-to-Date Vaccination](#) document at least once per quarter to check for definition updates.

Reviewing Q2 Up-to-Date Definitions Polling Questions

Polling Question #1

Mary (40 years old) is a health care worker at Little Lamb Nursing Home. She reported a medical contraindication that prevented her from receiving the 2023-2024 updated COVID-19 vaccine. Is Mary considered up-to-date?

- A. Yes
- B. No
- C. Not sure

Answer

B. No

Mary is NOT considered up-to-date.

Where to document?

Mary should be counted in **Question #3.1 (medical contraindication)** because she has a medical contraindication that prevents her from receiving the 2023-2024 updated COVID-19 vaccine.

Polling Question #2

Jack (75 years old) is a resident at Beanstalk Health and Rehab. He received the updated 2023-2024 COVID-19 vaccine five months ago, in November 2023. He has not received a second dose, but he also has not declined. Is Jack considered up-to-date?

- A. Yes
- B. No
- C. Not sure

Answer

B. No

Jack is NOT considered up-to-date.

Where to document?

Jack should be counted in **Question #3.3 (unknown/other COVID-19 vaccination status)** because he is *over 65*, and it has been over four months since he received *one* dose of the updated 2023-2024 COVID-19 vaccine. He also has not declined to receive the second dose.

Polling Question #3

Elsa (38 years old) is a health care worker at Let It Go Nursing & Rehab Center. She has refused all previous COVID-19 vaccines but decided to receive the updated 2023-2024 COVID-19 vaccine.

Is Elsa considered up-to-date?

- A. Yes
- B. No
- C. Not sure

Answer

A. Yes

Elsa IS considered up-to-date.

Where to document?

Elsa should be counted in **Question #2 (up-to-date)** because she is younger than 65, needing only *one* dose of the 2023-2024 updated COVID-19 vaccine to be considered up-to-date.

Polling Question #4

Charlie (42 years old) is a resident at Willy Wonka Nursing Home. He received a dose of the bivalent Moderna COVID-19 vaccine in September 2023 and has declined all COVID-19 vaccines since then.

Is Charlie considered up-to-date?

- A. Yes
- B. No
- C. Not sure

Answer

B. No

Charlie is NOT considered up-to-date.

Where to document?

Charlie should be counted in **Question #3.2 (declined vaccine)** because he declined to receive an 2023-2024 updated COVID-19 vaccine.

Polling Question #5

James (67 years old) is a health care worker at Giant Peach Nursing Home. He received the updated 2023-2024 COVID-19 vaccine in January 2024.

Is James considered up-to-date?

- A. Yes
- B. No
- C. Not sure

Answer

A. Yes

James IS considered up-to-date.

Where to document?

James should be counted in **Question #2 (up-to-date)** because he received one dose of the updated 2023-2024 COVID-19 vaccine within the past four months.

**COVID-19 Long-term
Care Facility (LTCF)
Resident Impact and
Facility Capacity
Pathway Form (RIFC)**

RIFC Pathway

Add COVID-19/Respiratory Pathogens Data

If the count is zero, a "0" must entered as the response. A blank response is equivalent to missing data. **NON**-count questions should be answered one calendar day during the reporting week.

Facility Capacity

<input type="text" value="250"/>	ALL BEDS
<input type="text"/>	*CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day

Resident Impact for COVID-19 (SARS-CoV-2)

<input type="text"/>	* POSITIVE TESTS: Enter the Number of residents with a newly positive SARS-CoV-2 viral test result (for example, a positive SARS-CoV-2 antigen test and/or SARS-CoV-2 NAAT (PCR). Note: Do not include residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR). Only include residents newly positive since the most recent date data were collected for NHSN reporting.
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Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

****Up to Date Vaccination Status**

Up to Date: Include residents with a newly positive SARS-CoV-2 viral test result who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date. Note: Please review the current NHSN surveillance definition of up to date .	<input type="text"/>
Not Up to Date: Based on the counts entered for POSITIVE TESTS and UP TO DATE, the count for residents who are NOT considered up to date based on the NHSN Surveillance definition has been calculated here.	
This count is not editable, to edit please update the count(s) entered for UP TO DATE and/or POSITIVE TESTS.	

Hospitalizations

This is not a subset of the "Positive Tests" count reported above. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

<input type="text"/>	* Hospitalizations with a positive COVID-19 Test: Number of residents who have been hospitalized with a positive COVID-19 test. Note: Only include residents who have been hospitalized during this reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.
<input type="text"/>	** Hospitalizations with a positive COVID-19 Test and Up to Date: Based on the number reported for "Hospitalizations with a positive COVID-19 Test" indicate the number of residents who were hospitalized with positive COVID-19 test and also up to date with COVID-19 vaccinations at the time of the positive COVID-19 test.

Deaths

<input type="text"/>	* TOTAL DEATHS: Number of residents who have died for any reason in the facility or another location. <i>Include only the number of new deaths since the most recent date data were collected for NHSN reporting.</i>
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RIFC Pathway

Data Field	Instructions for Form Completion
Facility Capacity	
ALL BEDS	<p>Enter the total number of resident beds in the facility. This number will auto-populate in future sessions and should be updated only if there is a change in the total bed count. For example, if the facility must bring in additional beds to accommodate overflow of residents.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Include the total number of beds for the facility in which the facility is licensed. This number should include private and/or non-private pay beds.
<p>* CURRENT CENSUS</p> <p>Total number of beds that are occupied at the time of reporting to NSHN.</p>	<p>Required: Enter the total number of occupied beds for each calendar day in which data are being entered.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Count includes a combination of private and non-private pay occupied beds, when applicable. • Count includes the total number of residents occupying a bed in the reporting facility, including non-licensed beds. (For example, residents occupying additional non-licensed beds that were brought into the facility in response to increased capacity of residents, or residents being moved to other parts of the facility that are not normally included in the LTCF bed count).

RIFC Pathway

Resident Impact for COVID-19 (SARS-CoV-2)

*POSITIVE TESTS

Number of residents with a newly positive SARS-CoV-2 viral test result

Positive Tests: NHSN defines positive tests as the number of residents newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR **or** an antigen test. The definition includes residents with a re-infection. This count **ONLY** includes current residents of the facility; please do not include COVID-19 admissions in this count.

Notes:

- Exclude residents who have a positive SARS-CoV-2 antigen test, but a negative SARS-CoV-2 NAAT (PCR).
 - The PCR will need to be performed within 2 calendar days (the date of specimen collection is calendar day 1) of the initial antigen test for this rule to apply.
- This count **ONLY** includes current residents of the facility, and any tests administered by/in the facility will need to be included in this count.
 - If a resident is tested upon/at the time of admission or once they have been admitted to the facility, the facility administered the test, and the result is positive, please include this in the positive test count.
- Serial testing or multiple tests performed on the same resident for the same infection do not need to be counted multiple times. Only include the newly positive test one time for the same infection.
- Re-infection occurs after an initial/previous COVID-19 diagnosis and/or positive viral test result. If the resident has a newly positive SARS-CoV-2 viral test result and has fully recovered from any previous COVID-19 infection or diagnosis, please include this individual in the positive test count.
 - For further information regarding testing, please visit the CDC's Overview of Testing for SARS-CoV-2, the virus that causes COVID-19

Important:

- *Positive Tests* are a surveillance method for capturing positive diagnostic results only; clinical decisions should not be made based on this definition. Instead, diagnostic test results should be used in the context of available clinical, resident/patient, epidemiological, and diagnostic information.
- Report incidence counts only (specifically, residents newly identified in *Positive Tests* count) to avoid falsely inflated data. For example, if a facility reports counts to NHSN more than once per week, the facility should report new counts since the last date data were reported to NHSN.
- Positive Tests are based on the date of specimen collection.
- The Positive Tests definition, as defined by NHSN, may not represent the definition individual states use to define *Confirmed* SARS-CoV-2 (COVID-19) cases.

RIFC Pathway Example (For *Positive Tests*)

The following SARS-CoV-2 tests and results were documented this week for residents at Willy Wonka Nursing Home (counts represent newly positive residents only):

- **Monday: Three** residents had positive SARS-CoV-2 (COVID-19) viral test results.
 - **All three residents** had positive point-of-care (POC) antigen results. **Two** residents had a follow-up negative NAAT (PCR) test result. **One** resident had a follow-up positive NAAT result performed on the same day.
- **Tuesday: Three** residents had positive SARS-CoV-2 viral test results.
 - All three of the three positives were antigen-positive. No other testing was performed on the two residents. Only one of the three residents had a follow-up negative PCR performed **four days later**.
- **Wednesday: One** resident had a positive SARS-CoV-2 NAAT (PCR) viral test result. No other COVID-19 testing was performed.
- **Thursday: One** resident had a positive SARS-CoV-2 viral test result.
 - For the one positive POC antigen test result, the resident had no other tests performed. The resident did have a laboratory-positive COVID-19 test result over three months ago and fully recovered. The resident developed a fever and loss of smell today, prompting antigen POC testing.
- **Friday: Three** residents had positive SARS-CoV-2 NAAT/PCR viral test results.
 - All three residents had positive COVID-19 antigen test results two weeks ago and were already submitted to NHSN as positive tests.
- **Saturday: No** newly positive test results.
- **Sunday: One** positive SARS-CoV-2 NAAT/PCR viral test results with no other testing performed.

Based on the above information, the following *Positive Tests* counts were submitted to NHSN:

If Daily Reporting: Monday: 1; Tuesday: 3; Wednesday: 1; Thursday: 1; Friday: 0; Saturday: 0; and Sunday: 1.

If Weekly Reporting Only: Total *Positive Tests* for the reporting week: 7

Important: If reporting daily *Positive Tests* counts to NHSN (specifically residents with newly positive viral tests results), do not also report a total weekly count since duplicate reporting will result in falsely inflated counts.

RIFC Pathway

Vaccination Status of Residents with a Newly Confirmed SARS-CoV-2 Viral Test Result

** VACCINATION STATUS

For the newly positive residents, indicate how many received COVID-19 vaccination **14 days or more** before the specimen collection date.

The 14-day window ONLY applies for data reported to the RIFC Pathway.

Vaccination Status: The occurrence, or lack thereof, of receiving a dose(s) of the COVID-19 vaccine. **The vaccination status pertains to residents with a newly positive SARS-CoV-2 viral test for the reporting week.** The vaccination status is contingent upon whether the resident has received the most recent dose of the COVID-19 vaccine **14 days or more** before the specimen collection date of the newly positive SARS-CoV-2 Viral test. The date the vaccine was received is considered as Day 1. Include residents who received the vaccine while in the LTCF or outside the LTCF.

Conditional. If the number of reported *Positive Tests* is greater than “0” for the reporting period, indicate the vaccination status of residents included in the positive test count.

Note:

- The RIFC pathway collects COVID-19 vaccination status **ONLY** for residents included in the **Positive Test count**.
- COVID-19 vaccination status is not reported for residents with a positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR).

To report Vaccination Status:

Indicate the corresponding count of residents with a newly positive SARSCoV-2 viral test result.

COVID-19 Vaccination options

1. Up to Date
2. Not Up to Date (auto-populated by the system)

Note: The Not Up to Date category is populated based on the counts entered for up-to-date. To edit this category, please update/change the counts entered for up-to-date.

RIFC Pathway

Vaccination Status Definitions:

- **Up-to-date:** Include residents who meet NHSN Surveillance Definitions for up-to-date with COVID-19 vaccines, **and** the most recent dose was received **14 days or more** before the specimen collection of the newly positive SARS-CoV2 viral test result. (The vaccination status of the resident 14 days before they tested positive).

Note: This data element requires residents considered up-to-date per the NHSN surveillance definition to have received the most recent COVID-19 vaccine **14 days or more** before the specimen collection of the newly positive SARS-CoV-2 viral test result. Because this is a surveillance data element, it is designed to assess vaccine effectiveness in promoting an immune response to SARS-CoV-2 (COVID-19). Therefore, the requirements for surveillance case reporting may differ from those of the CDC's clinical considerations guidance document. Please review the [NHSN Surveillance Definition](#).

- **Not Up-to-date:** Based on the counts entered for *Positive Tests* and up-to-date, the count for residents who are NOT considered up-to-date based on [the NHSN Surveillance Definition](#) has been calculated.

Note:

- o This count is not editable by the user. To edit this count, please update the count entered for *up-to-date* and/or *Positive Tests*.

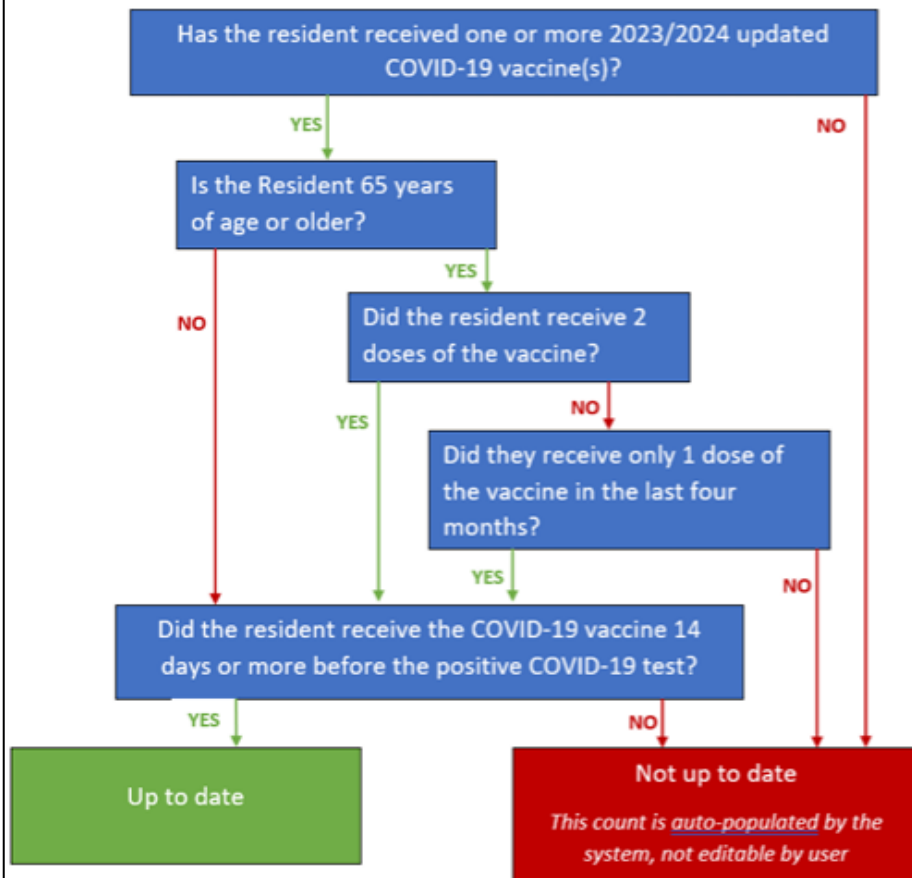
- o This count is calculated by subtracting the count entered for Up to Date from the count entered for *Positive Tests* ($Positive\ Tests - Up-to-date = Not\ Up-to-date$)

If a resident with a newly positive COVID-19 test is to be included in the Not Up-to-date category, that count will be automatically included once the counts for *Positive Tests* and *Up-to-date* have been entered.

RIFC Pathway

Appendix 1b: Decision Tree: Up to date with COVID-19 Vaccines during the surveillance period April 1, 2024 – June 30, 2024 for the Long-Term Care RIFC Pathway

Long-Term Care Facilities can use the following decision tree to help determine Up to date vaccination status for the RIFC Pathway. Please note this refers to reporting data through the NHSN COVID-19 RIFC Pathway for the reporting period of Quarter 2 of 2024 (representing data for April 1, 2024 – June 30, 2024).



RIFC Pathway Example (For *Up-To-Date* Vaccination Status)

Of the reported newly positive SARS-CoV-2 viral test results, the residents (all over 65) were documented to have the following vaccination status at Willy Wonka Nursing Home (counts represent newly positive residents only).

- Monday: **3** residents had newly positive SARS-CoV-2 (COVID-19) viral test results.
 - **1** resident has not received any COVID-19 Vaccination.
 - This resident would be included in the **Not Up-to-Date** category. You will not have to enter a count for this resident, it will be populated by the system.
 - **2** residents received 1 dose of the 2023-2024 COVID-19 vaccine 5 months ago and have not received an additional dose.
 - The residents would be included in the **Not Up-to-Date** category. You will not have to enter a count for this resident, it will be populated by the system.
- Tuesday: **3** residents had newly positive SARS-CoV-2 viral test results.
 - All **3** residents received 2 doses of the updated 2023-2024 COVID-19 vaccine 3 months ago.
 - All residents would be included in the **Up-to-Date** category.
- Wednesday: **1** resident had a newly positive SARS-CoV-2 viral test result.
 - The resident received 1 dose of the updated 2023-2024 COVID-19 vaccine 6 months ago
 - This resident would be included in the **Not Up-to-Date** category. You will not have to enter a count for this resident, it will be populated by the system.
- Thursday: **2** residents had a newly positive SARS-CoV-2 viral test result.
 - **1** resident received the second 2023-2024 COVID-19 vaccine last month.
 - This resident would be included in the **Up-to-Date** category
 - **1** resident received 1 dose of the 2023-2024 COVID-19 vaccine 10 days prior to the specimen collection date.
 - This resident would be included in the **Not Up-to-Date** category because they received the 2023-2024 COVID-19 vaccine 13 days or less before the specimen collection date. You will not have to enter a count for this resident, it will be populated by the system.
- Friday: **3** residents had newly positive SARS-CoV-2 viral test results.
 - **2** residents received 1 dose of the 2023-2024 COVID-19 vaccine 3 days ago
 - Both of these residents would be included in the **Not Up-to-Date** category because they received the 2023-2024 COVID-19 vaccine 13 days or less before the specimen collection date. You will not have to enter a count for these residents, it will be populated by the system.
 - **1** resident received their second dose of the 2023-2024 COVID-19 vaccine 3 weeks ago.
 - This resident would be included in the **Up-to-Date** category.
- Saturday: 0 newly positive test results.
- Sunday: **1** resident had a newly positive SARS-CoV-2 viral test result.
 - The resident received their first dose of the 2023-2024 COVID-19 vaccine 15 days before the specimen collection date.
 - This resident would be included in the **Up-to-Date** category.

Based on the above information, the following vaccination status counts were submitted to NHSN:

If Daily Reporting: Monday: 3 **Not Up-to-Date** (populated by the system); Tuesday: 3 **Up-to-Date**; Wednesday: 1 **Not Up-to-Date** (populated by the system); Thursday: 1 **Up-to-Date**, 1 **Not Up-to-Date** (populated by the system); Friday: 1 **Up-to-Date**, 2 **Not Up-to-Date** (populated by the system); Saturday: 0; and Sunday: 1 **Up-to-Date**

If Weekly Reporting: **Up-to-Date**: 6; **Not Up-to-Date** (populated by the system): 7

RIFC Pathway

Hospitalizations

This is not a subset of the “Positive Tests” count. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

***HOSPITALIZATIONS WITH A POSITIVE COVID-19 TEST:**

Indicate the number of residents who have been hospitalized and have had a positive COVID-19 test in the 10 days prior to the hospitalization.

Hospitalizations with a positive COVID-19 Test: This count includes residents who have been newly admitted to the hospital since the last date data was reported to NHSN **and** have also had a positive COVID-19 test in the 10 days prior to the hospitalization. This can include residents who have been counted in the positive test count and those who have not been counted in the positive test count. However, this is **NOT** a subset of the positive test count, meaning this does **NOT ONLY** include residents who have been counted in the positive test count for this reporting period.

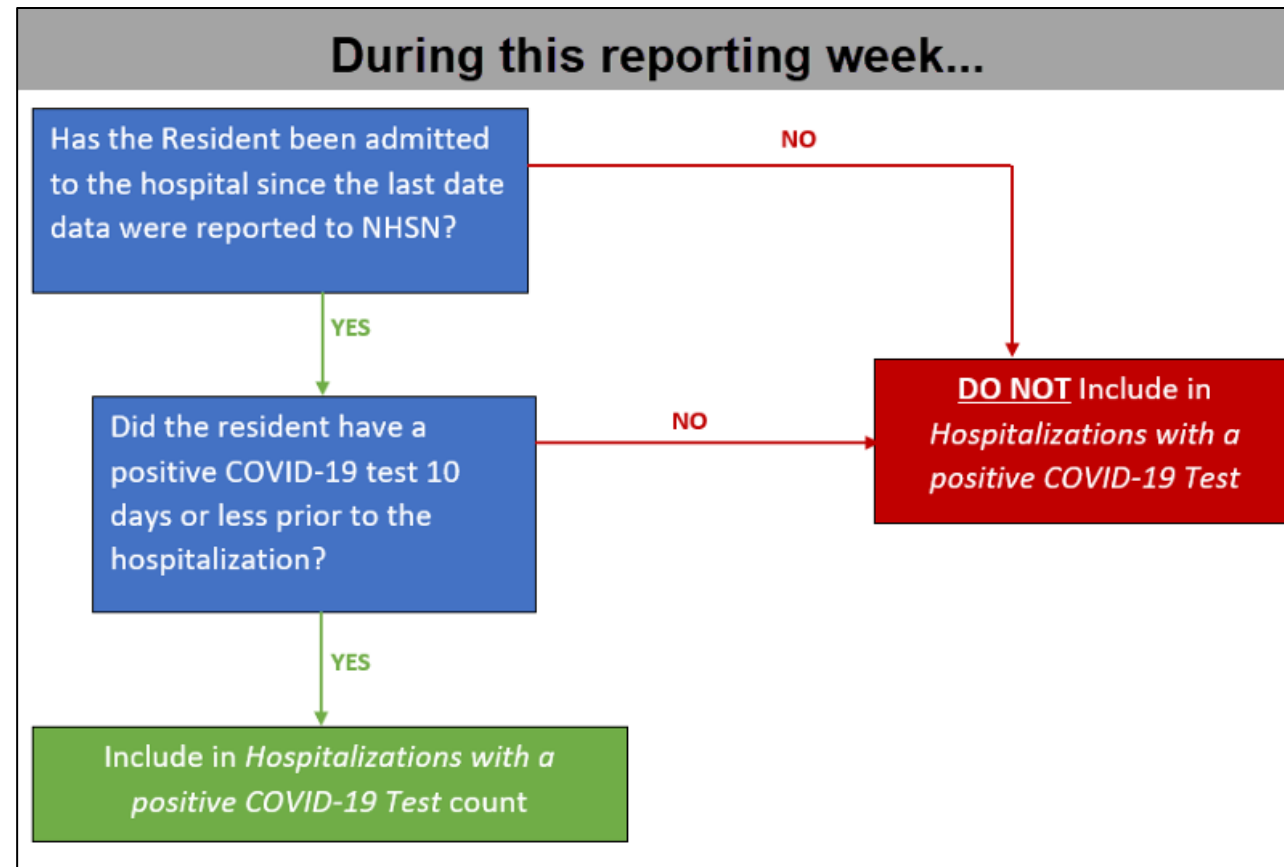
Note: Only include residents who have been hospitalized during the reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization, the date of specimen collection is calendar day 1.

Note: Admission to the hospital refers to residents who have been admitted as inpatients to the hospital. This does **NOT** include residents who have only been transferred to the Emergency Department or transferred to the hospital for observation. This count **ONLY** includes residents who have been officially admitted to the hospital.

RIFC Pathway

To calculate the count of hospitalizations with a positive COVID-19 test, answer the following:

- Of the residents who were admitted to the hospital during this reporting week, how many of them have also had a positive COVID-19 test in the 10 days prior to the hospitalization?



RIFC Pathway Example (For Hospitalizations With a Positive COVID-19 Test)

Since the last date data were reported to NHSN, **four** residents have been admitted to the hospital.

- Resident A was transferred to the ER for shortness of breath and fever and then admitted to the fourth floor. Resident A had a positive COVID-19 test 10 days ago (10 days prior to the hospitalization).

- This resident **would be** included in the *Hospitalizations with a positive COVID-19 test count*.

- Resident B was transferred to the ER for nausea and vomiting; however, he was transferred back to the facility the same day after receiving IV fluids in the ER.

- This resident would **NOT** be included in the *Hospitalizations with a positive COVID-19 test count*.

This resident was not admitted to the hospital, only transferred to the ER for treatment and then transferred back to the facility.

- Resident C was transferred to the hospital on Monday for a routine procedure. The resident stayed in the hospital in the post-operative area for continued observation after the procedure. The resident was then transferred back to the facility later that day.

- This resident would **NOT** be included in the *Hospitalizations with a positive COVID-19 test count*.

- The resident was not officially admitted to the hospital and did not have a positive COVID-19 test in the 10 days prior to the hospital admission.

- Resident D was tested for COVID-19 last week, and the test result was positive. The positive test was reported to NHSN during the previous reporting period (last week when the positive result was received). This week (eight days from the time the resident tested positive), the resident required higher acuity respiratory care and was admitted to the hospital.

- This resident **would be** included in the *Hospitalizations with a positive COVID-19 test count*.

- The positive test was counted in the previous reporting period; however, the hospitalization occurred during this current reporting period. For this reason, this resident was counted during the current reporting week for Hospitalizations with a *positive COVID-19 test*.

RIFC Pathway

Hospitalizations

This is not a subset of the “*Positive Tests*” count. Include only the number of new hospitalizations with a positive COVID-19 test since the most recent date data were reported to NHSN.

****HOSPITALIZATIONS WITH A POSITIVE COVID-19 TEST AND UP-TO-DATE:**

Based on the number reported for “*Hospitalizations with a positive COVID-19 Test*”, indicate the number of residents who were hospitalized with a positive COVID-19 test **and also** up-to-date with COVID-19 vaccinations at the time of the positive COVID-19 test

*Hospitalizations with a positive COVID-19 test **and** Up-to-Date:* This count includes residents who have been newly admitted to the hospital since the last date data was reported to NHSN, have also had a positive COVID-19 test in the 10 days prior to the hospitalization, **and** are also up to date with COVID-19 vaccines.

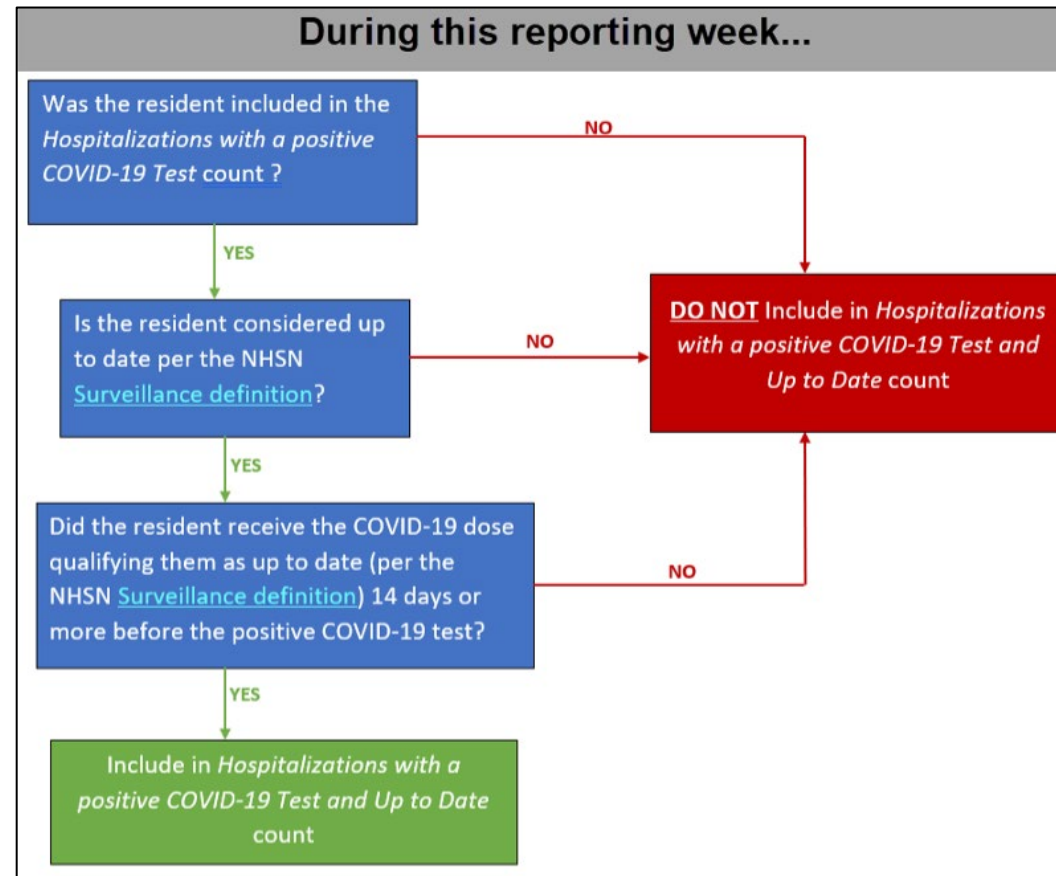
This is a subset of *Hospitalizations with a positive COVID-19 test*, the count entered for this variable cannot exceed the number reported for *Hospitalizations with a positive COVID-19 test*.

Note: This count must be less than or equal to the count entered for *Hospitalizations with a positive COVID-19 test*.

RIFC Pathway

To calculate the count for *Hospitalizations with a positive COVID-19 test and Up-to-Date* answer the following:

- Please review the current NHSN surveillance definition of up-to-date to determine if the resident should be included in this count. Once it has been determined, if the resident is up to date based on the surveillance definition, there is one more step to determine inclusion in this variable. Has it also been 14 days or more between the time of the up-to-date vaccine and the positive COVID-19 test?
 - o Meaning, when the resident tested positive, were they considered up to date 14 days prior?



RIFC Pathway Example (For Hospitalizations With a Positive COVID-19 Test and Up-To-Date)

Since the last date data were reported to NHSN, **four** residents (all over 65) have been admitted to the hospital.

- Resident A was transferred to the ER for shortness of breath and fever and then admitted to the 4th floor. Resident A had a positive COVID-19 test 10 days ago (10 days prior to the hospitalization) and received the 2023-2024 COVID-19 vaccine three weeks prior to the positive test result.
 - This resident **would be** included in the *Hospitalizations with a positive COVID-19 test and Up-to-date count*.
 - Resident B was transferred to the ER for nausea and vomiting; however, he was transferred back to the facility the same day after receiving IV fluids in the ER.
 - This resident would **NOT** be included in the *Hospitalizations with a positive COVID-19 test and Up-to-date count*.
 - This resident was not admitted to the hospital, only transferred to the ER for treatment and then transferred back to the facility. Since the resident would not be included in the *Hospitalizations with a positive COVID-19 test count* they will also **NOT** be included in the *Hospitalizations with a positive COVID-19 test and Up-to-Date count*.
 - Resident C was transferred to the hospital on Monday for a routine procedure. The resident stayed in the hospital in the post-operative area for continued observation after the procedure. The resident was then transferred back to the facility later that day.
 - This resident would **NOT** be included in the *Hospitalizations with a positive COVID-19 test count*.
 - The resident was not officially admitted to the hospital and did not have a positive COVID-19 test in the 10 days prior to the hospital admission. Since the resident would not be included in the *Hospitalizations with a positive COVID-19 test count* they will also **NOT** be included in the *Hospitalizations with a positive COVID-19 test and Up-to-Date count*.
 - Resident D was tested for COVID-19 last week, and the test result was positive. The positive test was reported to NHSN during the previous reporting period (last week when the positive result was received). This week (8 days from the time the resident tested positive), the resident required higher acuity respiratory care and was admitted to the hospital. The resident received the 2023-2024 COVID-19 vaccine six weeks ago.
 - This resident **would be** included in the *Hospitalizations with a positive COVID-19 test and Up-to-date count*.
- The resident received the 2023-2024 COVID-19 vaccine within the past four months, and this dose was received 14 days before testing positive for COVID-19. Therefore, the resident **would be** included in the *Hospitalizations with a positive COVID-19 test and Up-to-Date count*.

RIFC Pathway

Deaths

Only include the number of new deaths since the most recent date data were reported to NHSN.

***TOTAL DEATHS:**

Number of residents who have died for any reason in the facility or another location since the last date Total Death counts were reported to NHSN.

Total Deaths are defined by NHSN as residents who have died from any cause in the facility or another location, including COVID-19-related and non-COVID-19-related deaths. This count must include only new deaths since the last date counts for Total Deaths were reported to NSHN.

Notes:

- Include each resident death only once in the *Total Deaths* count on the date of death.
- *Total Deaths* should NEVER be lower than the COVID-19 Deaths in a reporting week.
- Residents discharged from the facility are excluded from the count.

RIFC Pathway Example (Total Deaths)

Willy Wonka Nursing Home documented the following Total Deaths this week:

- Monday: **Two** *Total Deaths* submitted. Of the two deaths, one resident was on transmission-based precautions for COVID-19 and the second resident recovered from COVID-19 last month.
- Tuesday: **0** *Total Deaths* submitted.
- Wednesday: **0** *Total Deaths* submitted.
- Thursday: **One** *Total Deaths* submitted. The resident did not have a history or positive COVID-19 test result.
- Friday: **0** *Total Deaths* submitted. A nurse did recognize a previously discharged resident in the obituary of a local newspaper.
- Saturday: **Two** *Total Deaths* submitted. Of these two deaths, one resident had an active COVID-19 infection, and the other resident did not have COVID-19. However, two weeks later, an autopsy report indicated a positive SARS-CoV-2 (COVID-19) viral test result on the second resident not known to have COVID-19.
- Sunday: **One** *Total Deaths* submitted for a resident who died 1 week after being transferred to an acute care facility for treatment of COVID-19 infection.

The following counts for Total Deaths were reported to NHSN:

Monday: 2; Tuesday: 0; Wednesday: 0; Thursday: 1; Friday: 0; Saturday: 2; and Sunday: 1

If Weekly Reporting Only: *Total Deaths* count for the reporting week: 6

Important: If reporting daily *Total Deaths* counts to NHSN, do not also report a weekly *Total Deaths* count since duplicate reporting will result in falsely inflated death counts.

RIFC Pathway

Deaths

Only include the number of new deaths since the most recent date data were reported to NHSN.

**COVID-19 DEATHS:

Based on the number of reported Total Deaths, indicate the number of residents with COVID-19 who died in the facility or another location.

COVID-19 Deaths: Defined by NHSN as residents who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. This count must include only new deaths since the last date counts for *COVID-19 Deaths* were reported to NHSN.

Conditional. Based on the number of reported new *Total Deaths* for the reporting period, indicate how many of the deaths were residents with either a positive COVID-19 viral test result, had signs and/or symptoms of COVID-19 as defined by the CDC, were on transmission-based precautions for COVID-19, or who died from ongoing complications related to a previous COVID-19 infection.

Notes:

- If the facility receives an autopsy result indicating a positive SARS-CoV-2 viral test result for a resident who was not initially included in the *COVID-19 Deaths* count, previously submitted NHSN data must be edited to include the death in the *COVID-19 Deaths* count. The edited date must reflect the date of death.
- The count of new COVID-19 Deaths cannot be higher than the count of new Total Deaths in a reporting period.
- Residents discharged (specifically, not expected to return to the facility) from the facility are excluded from the count.

RIFC Pathway Example (COVID-19 Deaths)

From the previous example: Willy Wonka Nursing Home documented the following Total Deaths this week:

- Monday: **Two** Total Deaths submitted. Of the two deaths, 1 resident was on transmission-based precautions for COVID-19, and the second resident recovered from COVID-19 last month.
- Tuesday: **0** Total Deaths submitted.
- Wednesday: **0** Total Deaths submitted.
- Thursday: **One** Total Deaths submitted. The resident did not have a history or positive COVID-19 test result.
- Friday: **0** Total Deaths submitted. A nurse did recognize a previously discharged resident in the obituary of a local newspaper.
- Saturday: **Two** Total Deaths submitted. Of these two deaths, one resident had an active COVID-19 infection, and the other resident did not have COVID-19. However, 2 weeks later, an autopsy report indicated a positive SARS-CoV-2 (COVID-19) viral test result on the second resident not known to have COVID-19.
- Sunday: **One** Total Deaths submitted for a resident who died 1 week after being transferred to an acute care facility for treatment of COVID-19 infection.

The following counts of COVID-19 Deaths were reported to NHSN:

Monday: **1**; Tuesday: 0; Wednesday: 0; Thursday: 0; Friday: 0; Saturday: **2** (previously submitted count was updated after receiving the autopsy report indicating COVID-19 was the cause of death); and Sunday: **1**

If Weekly Reporting Only: Total COVID-19 Deaths count for the reporting week: **4**

Important: If reporting daily new COVID-19 Deaths counts to NHSN, do not also report a weekly Total for new COVID-19 Deaths since duplicate reporting will result in falsely inflated death counts.

CMS Reporting Requirements

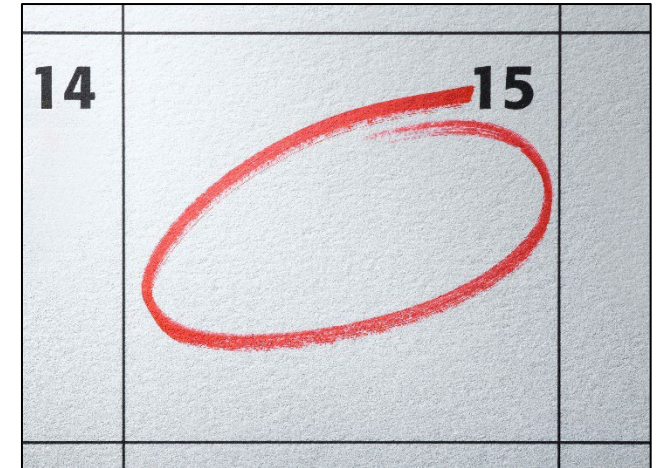
Reminder: Facilities can contact CMS with questions about reporting requirements

- Weekly reporting requirement questions:
DNH_TriageTeam@cms.hhs.gov
- Quality reporting program questions:
SNFQualityQuestions@cms.hhs.gov

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.



How To Report Annual HCP Influenza Vaccination Summary Data

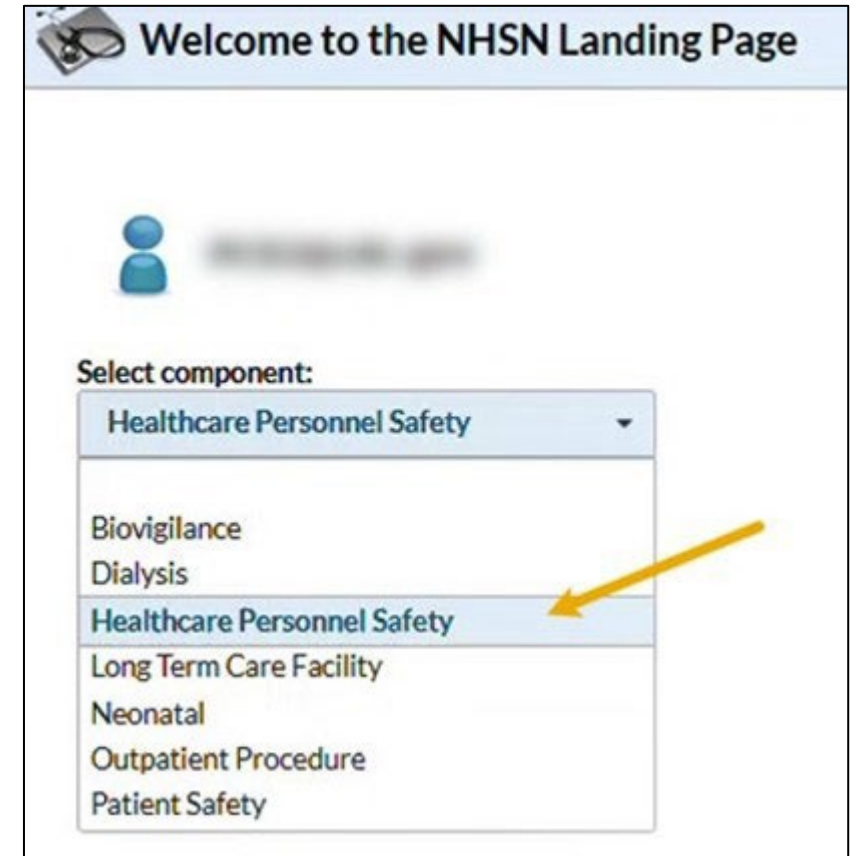
Data can be reported in two ways:

1. Entering data directly into the NHSN application through the **Healthcare Personnel Influenza Vaccination Module**.

2. Uploading .CSV files into the Healthcare Personnel Influenza Vaccination Module. Instructions for uploading data, a .CSV file template and .CSV example file can be accessed [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/>

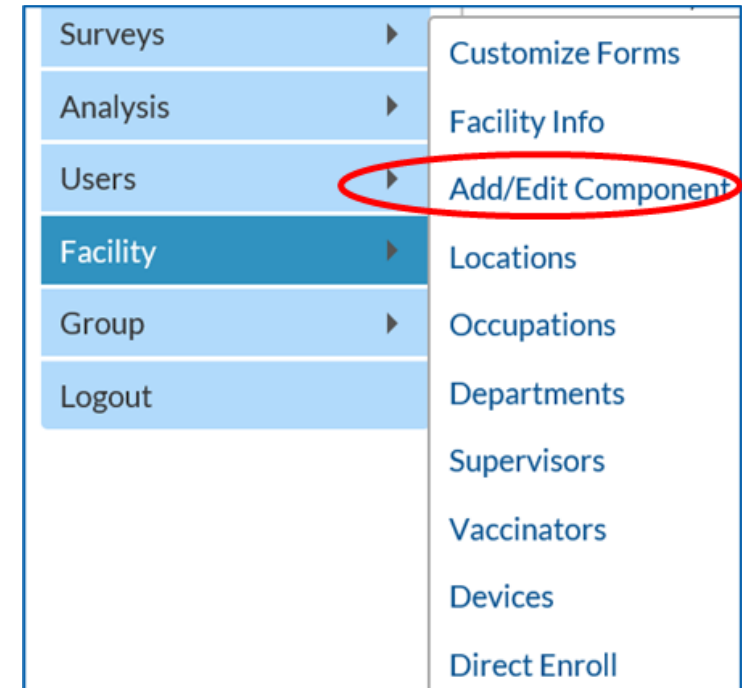
- Click “NHSN Reporting”

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, e-mail, and address of the person to be contacted 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
 - 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

How To Report Annual HCP Influenza Vaccination Summary Data

NHSN Landing Page

- Select the HCP Safety Component



Select component:

Healthcare Personnel Safety

Select facility/group:

Submit

How To Report Annual HCP Influenza Vaccination Summary Data

HCP Influenza Vaccination Summary Data

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

The screenshot displays the NHSN web application 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 labeled '1'. A dropdown menu is open under 'Vaccination Summary', showing 'Annual Vaccination Flu Summary' (highlighted with a yellow circle labeled '2') and 'Weekly Flu Vaccination Summary'. The 'Annual Vaccination Flu Summary' dropdown is further 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'. At the bottom right of the main content area are 'Continue' and 'Back' buttons, with the 'Continue' button highlighted by a yellow circle labeled '4'.

How To Report Annual HCP Influenza Vaccination Summary Data

Add Influenza Vaccination Summary

Mandatory fields marked with *

[Print Form](#)

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

Facility ID *:

Vaccination type *:

Influenza subtype *:

Flu Season *:

Date Last Modified:

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Custom Fields

Comments

Saving HCP Influenza Vaccination Data

Click “Save” to save the updated data

HCP categories	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	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="15"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="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	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="3"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="3"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="3"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="3"/>

Custom Fields
TEST1: TEST2:

Comments

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.

Upcoming NHSN Training—Reporting Annual HCP Influenza Vaccination Data

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-XWf-QmQMQ

Any NHSN-Related Questions or Need Help? Use ServiceNow

NHSN-ServiceNow is LIVE

Please submit NHSN questions in ServiceNow instead of using nhsn@cdc.gov, nhsntrain@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.

SAMS
secure access management services

Menu

- My Profile
- Manage Mobile Soft Token & Grid Card
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network System

- NHSN Reporting *

ServiceNow

- ServiceNow

* Strong credentials required.



Alliant Health and NHSN Updates

In Case You Missed It!

Last month's Shop Talk:

- CDC guidance updates for the general public and healthcare settings, HCP flu summary reporting, and NHSN resources.
- [Slides](#)
- [Webinar Recording](#)



Alliant Health Solutions Updated Website!

The screenshot shows the homepage of the Alliant Health Solutions website. At the top left, there is a language dropdown menu set to "English". The top navigation bar includes links for "Governance & Compliance", "Community Partners", "News", "Leadership", "Careers", "About Us", and "Contact Us". The main header features the Alliant Health Solutions logo and the NQIIC logo (Network of Quality Improvement and Innovation Contractors, Centers for Medicare & Medicaid Services, Quality Improvement & Innovation Group). Below the header, there are links for "Programs", "Events", and "Resources". A large blue banner with a background image of healthcare professionals contains the text "Improving health care starts here" and a search bar with a magnifying glass icon. Below the banner, there are three featured sections: "End Stage Renal Disease" with a kidney icon and a "Learn More" button; "Patients & Families" with an icon of a family under an umbrella and a "Learn More" button; and "Give the Boost a Shot" with a rocket icon and a "Learn More" button. At the bottom of the banner area, there is a link for "Upcoming Events".

Alliant Health Solutions Website

The screenshot shows the Alliant Health Solutions website. At the top left is the logo for Alliant Health Solutions and NQIIC (Network of Quality Improvement and Innovation Contractors). Navigation links for 'Programs', 'Events', and 'Resources' are in the top right. A search bar with the placeholder text 'What can we help you find?' and a search icon is located below the navigation. The main content area features a 'POPULAR TOPICS' section with the heading 'Explore trending topics'. A large blue arrow points down to the 'Shop Talks' button in a grid of topic buttons. The grid includes buttons for ESRD 8, ESRD 14, Virtual Education Events, BOOST, Shop Talks, HQIC, Patients and Families, Opioid Utilization and Misuse, NCRN, Infection Control, Nursing Homes, GDPH, Immunizations, and Chronic Disease Self-Management.

Alliant Health Solutions Website



NQIC
Network of Quality Improvement and
Innovation Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Home

Programs

Events

Resources

What can we help you find?

Search

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.

[Click here](#) to access the Shop Talk Shorts FAQs and video playlist.

[Click here](#) to access the NHSN Weekly COVID-19 Vaccine Summary – Do Not Report Zeros resource.



Shop Talk and Shop Talk Shorts YouTube Channel

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

ShopTalk Shorts: FAQs

Alliant QIO
13 videos 3,665 views Last updated on Nov 16, 2022

Play all Shuffle

Please join us for our ShopTalk Webinar Series. Before doing so take a look at these FAQs to get ready for the higher level conversation.

- Shop Talk Short Influenza Vaccination Reporting 11 16 22**
Alliant QIO • 362 views • 4 months ago
- Shop Talk Short: How to Download the New Tracking Sheets and Tracking Your Vaccine Data Accurately**
Alliant QIO • 294 views • 1 year ago
- Shop Talk Short: Data Analysis - Generate an Analysis Report in NHSN**
Alliant QIO • 221 views • 1 year ago
- Shop Talk Short: Joining a Group in NHSN and Conferring Rights**
Alliant QIO • 492 views • 1 year ago
- Shop Talk Shorts: How do you find out who has access and rights for your facility account?**
Alliant QIO • 313 views • 2 years ago
- ST Shorts: I used my grid card at my previous facility. Can I use it to access my new facility?**
Alliant QIO • 269 views • 2 years ago
- ST Short: My administrator added me as a user to our facility's NHSN account, but I can't login.**
Alliant QIO • 343 views • 2 years ago

<https://www.youtube.com/playlist?list=PLXWmxni-xNHspWHhLlIrrqcLGzXZPIjIF>

New Shop Talk Shorts!

[Shop Talk Short: How to setup mobile soft token](#)

[Shop Talk Short: How to reinstall Entrust soft token on a new device](#)



NHSN E-mail Update

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

****This message is for facilities uploading COVID-19 Point of Care (POC) test results via a Comma Separated Value (.CSV) file to NHSN.****

Dear NHSN Users,

It has come to our attention that certain Point of Care (POC) Comma Separated Value (.CSV) files are being prohibited from successful upload to NHSN.

We are working diligently to resolve this technical issue. In the meantime, if you are unable to upload your POC .CSV file, please re-enter your test result data onto a **new** .csv template OR enter your POC test results into the NHSN application manually.

[The .CSV templates](#) and resources can be found on the NHSN LTC COVID-19 Module webpage listed under the heading "Point of Care (POC) Testing CSV Data Import."

[COVID-19/Respiratory Pathogens Module | LTCF | NHSN | CDC](#)

NHSN will follow-up with additional guidance once the issue has been resolved.

Thank you for your understanding and please accept our apologies for any inconvenience this issue has caused.

Please use **NHSN-ServiceNow** to submit questions to the NHSN Help Desk. The portal can be accessed [here](#) or through your CDC Secure Access Management Services (SAMS) account. After logging into SAMS, the NHSN-ServiceNow link is located at the bottom of the page.

Thank you for your partnership,

The NHSN LTCF Team

[.CSV templates](#) and resources can be found on the NHSN LTC COVID-19 Module webpage listed under the heading "Point of Care (POC) Testing CSV Data Import"
[COVID-19/Respiratory Pathogens Module | LTCF | NHSN | CDC](#)

NHSN E-mail Update

Dear NHSN Users,

Below is important information regarding modifications to the Long-term Care Facility COVID-19/Respiratory Pathogens Module and the COVID-19/Respiratory Pathogens Vaccination Module. The changes described below became available with the April 2024 NHSN release and are now visible within the NHSN application. Resources on the [NHSN LTCF COVID-19/Respiratory Pathogens Module](#) webpage and the [COVID-19/Respiratory Pathogens Vaccination Module](#) webpage have been updated, where indicated, with revised forms, instructions, FAQs, CSV templates, and file layout documents.

NHSN Application Updates

New! NHSN Application Timestamps

- The NHSN application was recently upgraded. As a result, timestamps in the application (such as create dates) now reflect Universal Coordinated Time (UTC) rather than Eastern Time.

New! "Staff" Tab

- Facilities can now add and manage staff information by clicking on the "Staff" tab located on the left-hand side of the navigation bar.

Point of Care (POC) Test Reporting Tool

The following enhancements were made:

New! Additional POC devices were added to the NHSN system. If you are using any of these devices, please check the model's name and ensure you choose the correct device from the drop-down menu.

- Pilot COVID-19 At-Home Test_SD Biosensor, Inc.
- Speedy Swab Rapid COVID-19 Antigen Self-Test_Watmind USA
- Genabio COVID-19 Rapid Self-Test Kit_Genabio Diagnostics Inc.
- Omnia SARS-CoV-2 Antigen Test_Qorvo Biotechnologies, LLC.
- Metrix COVID-19 Test_Aptitude Medical Systems Inc.
- NIDS COVID-19 Antigen Home Test_ANP Technologies, Inc.
- Fastep COVID-19 Antigen Home Test_Azure Biotech Inc.
- CorDx COVID-19 Ag Test_CorDx, Inc.
- Hotgen COVID-19 Antigen Home Test_Beijing Hotgen Biotech Co., Ltd
- Lucira COVID-19 & Flu Test_Lucira Health, Inc.
- Visby Medical Respiratory Health Test_Visby Medical, Inc.
- Flowflex COVID-19 Antigen Rapid Test_ACON Laboratories, Inc.
- The AsencioDx COVID-19 Test Kit and The AsencioDx Molecular Detector_ADL Diagnostics, Inc., dba Anavasi Diagnostics
- COVI-Go SARS-CoV-2 Ag Self-Test_Mologic, Inc.
- C-Sync COVID-19 Antigen Test_Biosynchronicity Corporation
- Status COVID-19/Flu™_Princeton BioMeditech Corp.
- Bio-Self COVID-19 Antigen Home Test_BioTeke USA, LLC
- BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A+B_Becton, Dickinson and Company (BD)
- OSOM COVID-19 Antigen Home Test_SEKISUI Diagnostics, LLC
- OSOM COVID-19 Antigen Home Test_SEKISUI Diagnostics, LLC
- OSOM COVID-19 Antigen Rapid Test_SEKISUI Diagnostics, LLC
- Swab-N-Go Home Test COVID-19 Ag_Immunostics Inc.
- ViruDx SARS-CoV-2/Flu A+B Rapid Antigen Test_Princeton BioMeditech Corp.
- STANDARD Q COVID-19 Ag Test 2.0_SD Biosensor, Inc.
- TangenDx SARS-CoV-2 Molecular Test_Tangen Biosciences, Inc.
- 3EO Health COVID-19 Test_3EO Health, Inc.

COVID-19/Respiratory Pathogens Pathway Data Reporting

Resident Impact and Facility Capacity (RIFC) Pathway

- Check out the **new Up to Date Definition**. Please use this Surveillance definition when reporting data to the RIFC pathway for reporting weeks beginning April 1, 2024.

- [Q2 2024 Up to Date Definition](#)

COVID-19/Respiratory Pathogens Vaccination Data Reporting

New! NHSN Surveillance Definition of Up to Date

- Beginning Quarter 2, 2024 (April 1, 2024), individuals aged 65 years and older are considered 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. Individuals younger 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).

Updates to LTC Person-Level Vaccination Forms

- Additional columns for doses 8-10 have been added to the LTC resident person-level vaccination form.

- These new columns are only available to document 2023-2024 updated COVID-19 Vaccines.

Facilities using the LTC person-level vaccination forms for both residents and HCP now have the ability to click a "hide all" button, which will hide all discharged residents or HCP with end dates.

Resources

- Slides from LTCF webinars held on March 27 and April 2:
[Updates to Weekly COVID-19 Vaccination Data Reporting - Long-term Care Facilities \(cdc.gov\)](#)

- Key Terms Document:
[COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination](#)

Please use **NHSN ServiceNow** to submit questions to the NHSN Help Desk. The portal can be accessed [here](#) or through your CDC Secure Access Management Services (SAMS) account. After logging into SAMS, the NHSN-ServiceNow link is located at the bottom of the page.

Thank you for your partnership!



NSHN "Staff" Tab

1

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Staff ▶**
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens ▶
- Vaccination Summary ▶
- Import/Export ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add

Find

2

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Staff ▶
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens ▶
- Vaccination Summary ▶
- Import/Export ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Find Staff

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

Staff Information

Facility ID: [dropdown]

Staff ID: [text]

Last Name: [text]

First Name: [text]

Middle Name: [text]

Gender: [dropdown]

Date of Birth: [text] 12

Find Clear Back

3

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Staff ▶
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens ▶
- Vaccination Summary ▶
- Import/Export ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Staff List

Page 1 of 2 10

Delete	Facility ID	ID	Last Name	First Name	Middle Name	Date of Birth	Gender	Ethnicity
<input type="checkbox"/>	[redacted]	0808111	DOE	JANE		01/01/1919	F	NOHISP
<input type="checkbox"/>	[redacted]	808111	DOE	JANE		01/01/1974	F	HISP
<input type="checkbox"/>	[redacted]	1011945	JOHNSON	FRED		01/01/1972	F	NOHISP
<input type="checkbox"/>	[redacted]	1011950	JOHNSON	MARIANNE		01/01/1973	F	NOHISP
<input type="checkbox"/>	[redacted]	01011919	JOHNSON	MOSES		01/01/1919	F	HISP
<input type="checkbox"/>	[redacted]	01021969	LOVEY	SUSIE		01/01/1919	F	NOHISP
<input type="checkbox"/>	[redacted]	1021969	LOVEY	SUSIE		01/01/1919	F	HISP
<input type="checkbox"/>	[redacted]	8281971	MERRILY	MARILEE		01/01/1975	F	HISP
<input type="checkbox"/>	[redacted]	408633	SMALL	PAUL		05/05/2005	F	NOHISP
<input type="checkbox"/>	[redacted]	09090911	SMITH	MIKEY		01/01/1971	F	NOHISP

Page 1 of 2 10

Add Back

NHSN E-Newsletters

Volume 19, Issue 1 March 2024	Inside this Issue:
CENTERS FOR DISEASE CONTROL AND PREVENTION NHSN E-Newsletter	Patient Safety Component
	Attention! New CMS Required Reporting Measure for CY 2024: NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program 2
	Protocol Updates 3
	AUR Module Updates 3
	Rebaseline Corner 5
	NHSN Education and Training
	Save the Date! 5
	Healthcare Personnel Safety Component
	Update on Weekly COVID-19 Vaccination Modules for Healthcare Personnel 6
	Reminder to Report Annual Healthcare Personnel Influenza Vaccination Data 7
Dialysis Component	
Mark Your Calendars – Q4 2023 QIP Deadline 7	
General NHSN Information	
NHSN Vendor Corner 7	
NHSN Helpdesk: Activity Update 12	
NHSN Enrollment Update (as of March 12, 2024) 12	

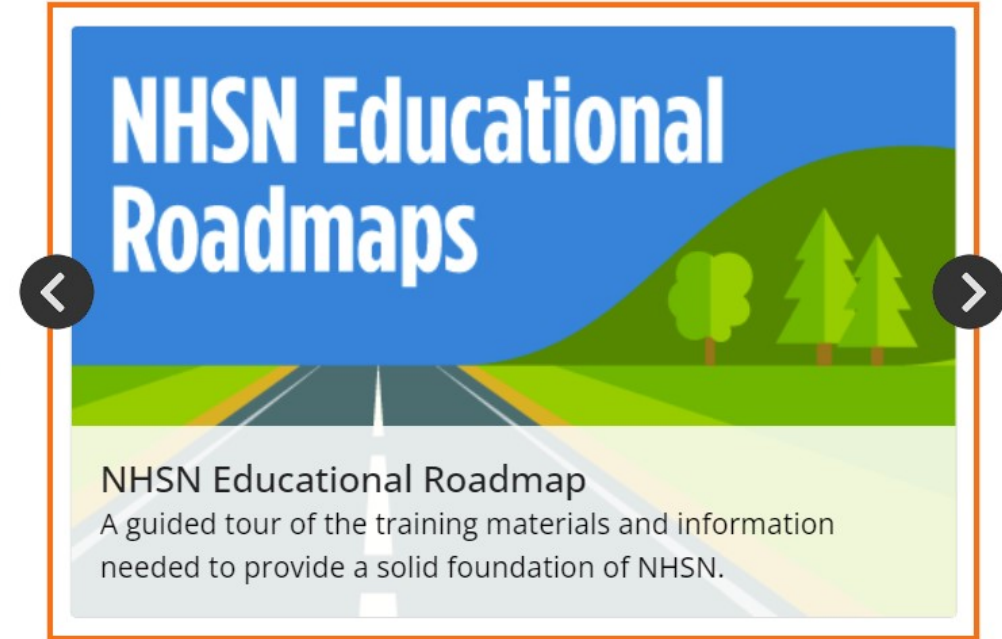


NHSN Training

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.



Long-Term Care Facility Component Roadmap



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 II: Modules/Protocols

Healthcare-associated Infections: Surveillance for Urinary Tract Infections

[Surveillance for UTI Module: Part I \[Video – 24 min\]](#)
[Slideset](#) [PDF – 1.1 MB]

[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 MB]

[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](#) [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]

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



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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



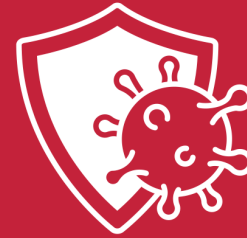
CHRONIC DISEASE SELF-MANAGEMENT

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

Scan the QR code or Click the Link to Complete the Assessment!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

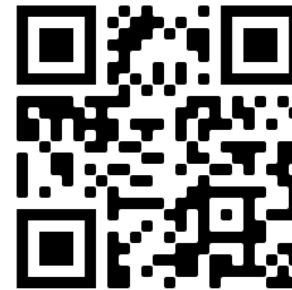
Please scan the QR code or click the link below to complete the assessment.



TRAINING

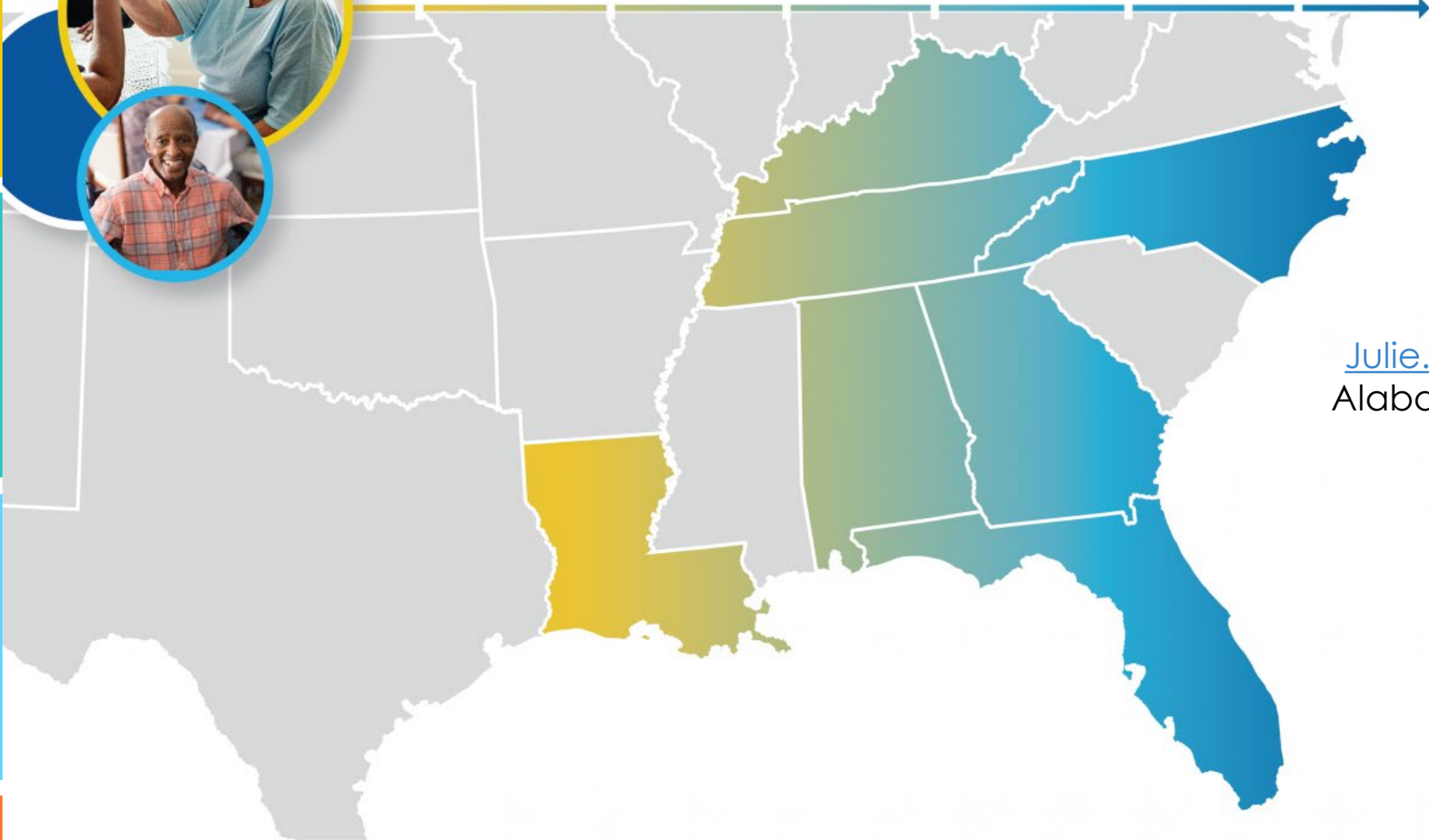
Encourage completion of infection control and prevention trainings by front line clinical and management staff

Nursing Home Infection Prevention (NHIP) Initiative Training Assessment

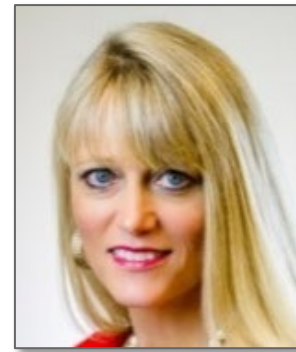


<https://bit.ly/NHIPAssessment>

Making Health Care Better *Together*



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