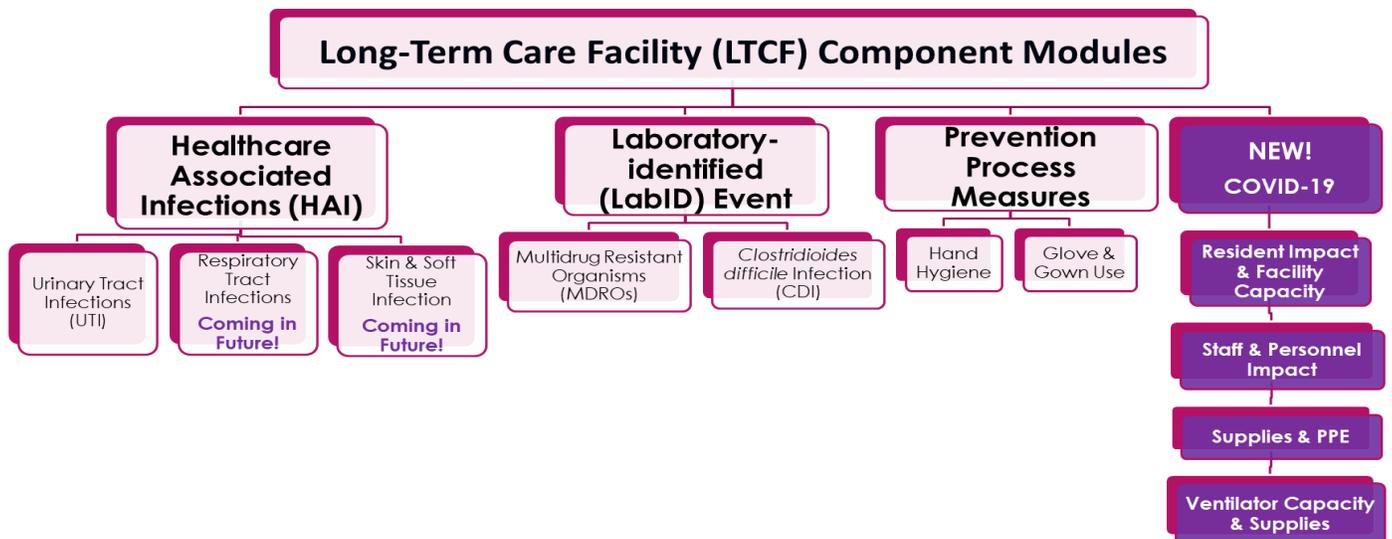# NHSN
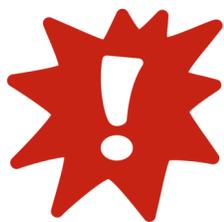# LONG-TERM CARE FACILITY COMPONENT

JULY 2020 NEWSLETTER

WELCOME TO NHSN'S LTCF COMPONENT!

Now that you've been briefl introduced to NHSN, let's take a brief tour through the NHSN LTCF Component. The LTCF component of NHSN was launched in 2012 to provide LTCFs with a resource to systemati ally collect data regarding infec ons, communicable diseases, in uenza vaccina on among healthcare personnel safety, and preventi n process measures.

The Component consists of four modules, including the healthcare-associated infecti ns (HAI) module, laboratory-identified LabID) event module, preventi n process measures module, and most recently, the COVID-19 module. The below diagram provides a snapshot of current and future repor ng op ons for NHSN LTCF Component users. If you are interested in learning more about the Component, please visit our LTCF web-page at h ps://www.cdc.gov/nhsn/ltc/index.html

In April 2020, in support the nati n's COVID-19 response, NHSN released the LTCF COVID-19 Module within the LTCF Component to supplement COVID-19 repor ng. This module includes four pathways for understanding and priori zing public health acti n in rela on to resident impact and facility capacity, sta and personnel impact, supplies and personal protecti e equipment, and ventil tor usage and supplies.

Long-Term Care Facility (LTCF) Component Modules

Healthcare Associated Infections (HAI)
- Urinary Tract Infections (UTI)
- Respiratory Tract Infections — Coming in Future!
- Skin & Soft Tissue Infection — Coming in Future!

Laboratory-identified (LabID) Event
- Multidrug Resistant Organisms (MDROs)
- *Clostridioides difficile* Infection (CDI)

Prevention Process Measures
- Hand Hygiene
- Glove & Gown Use

NEW! COVID-19
- Resident Impact & Facility Capacity
- Staff & Personnel Impact
- Supplies & PPE
- Ventilator Capacity & Supplies

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CDC

DID YOU RECEIVE A COVID-19 NONCOMPLIANCE LETTER FROM CMS?

The reporting requirements for nursing homes became effective on May 8, 2020, when CMS published new requirements for long-term care facilities (LTCFs) to report COVID-19 facility data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) on a weekly basis (*at least every 7 days*).

If you have received a non-compliance letter from CMS, we encourage you to verify the following:

1. First, verify that your CMS Certified Number (CCN), also referred to as federal provider number listed in NHSN is correct. CMS identifies data submitted with the CCN listed in the facility profile. Please refer to this look-up tool https://qcor.cms.gov/main.jsp and select "Basic Search" to the left under "Tools" to look up the correct CCN for the facility. If you find that your CCN in NHSN is incorrect, please use the following guidance document to either add or correct your CCN in the NHSN application https://www.cdc.gov/nhsn/pdfs/ltc/ccn-guidance-508.pdf

2. Second, verify that you enrolled your LTCF using the correct Facility Type (skilled nursing/nursing home, assisted living, or developmentally disabled). Your facility type will show when using the CCN look-up tool described in step 2.

3. Be sure to manually enter or submit (if CSV upload) data for the week by **Sunday at 11:59 pm**.

4. Please visit the Frequently Asked Questions document at https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-datarelease-508.pdf

5. If you have specific questions about CMS compliance, fines, etc., please contact CMS enforcement directly DNH_Enforcement@cms.hhs.gov. Questions regarding to how the data is displayed on the CMS website should be directed to CMS at NH_COVID_Data@cms.hhs.gov.

As a reminder when viewing your data...

Be sure you are looking at the correct time frame since data on the NHSN online application are current and there is an approximate 11-day delay on the CMS website.

WHAT'S NEW TO THE LTCF COVID-19 MODULE?

The NHSN team appreciates all of the feedback we've received from our users. We are working hard making updates to incorporate your feedback, while also continuously improving the usability of the NHSN application.

Here's what's new since the launch of the COVID-19 Module, beginning with the most recent updates:

1. The NEWLY developed NHSN **COVID-19 Dashboard** for LTCFs is NOW available for groups and facilities. The dashboard provides a summary of data entered into the COVID-19 Module and includes an interactive chart display where a user may customize data views. While this first edition is focused on the Resident Impact and Facility Capacity pathway, we will continue to add additional pathways and analysis options. Guidance documents for groups and facilies to assist with navigating and understanding the features are available on the NHSN LTCF COVID-19 website.

2. **You asked, and we listened!** We recognize that many SNFs are setting up COVID-19 units to receive transfers from other LTCFs, such as Assisted Living Residences. These transfers result in increased demand on the receiving LTCFs. Therefore, the count for "Admissions" now includes resident admissions and readmissions who were previously diagnosed with COVID-19 from another facility. For additional information, please review the [form](#) and accompanying [instructions for the Resident Impact and Facility Capacity pathway](#). *LTCFs may update previously entered data but are not required.*

3. Pop-up alerts to remind users of potential data entry errors. For example, if a user attempts to enter more *COVID-19 Deaths* than *Total Deaths*, a pop-up alert will appear to remind user of the definitions. As a reminder, *COVID-19 Deaths* counts must be included in the *Total Deaths* count.

WHAT'S NEW TO THE LTCF COVID-19 MODULE? (CONTINUED)

4.**Non-modifiable** fi lds have been added to each of the four pathway screens. You will no ce that

each pathway now has three addi onal pieces of informa on displayed at the top of each pathway: *Create Date, CCN*, and *Facility Type*. The purpose of *Create Date is* to display the fi st date of data entry (manual or CSV fil upload) for a selected calendar date and pathway. The date will automa cally save and **cannot** be modi ed by the user.

The *CCN* and *Facility Type* will also populate for each facility, allowing users to quickly verify the informa on associated with the data being submi ed to CMS. These two variables may be edited by a facility user with NHSN Administra ve rights; however, edits must be done outside of the COVID-19 Module by accessing *Facility Info* on the le naviga on panel

and following the instruc ons for edi ng CCN and changing facility type. These guidance documents are available under Facility Resources on the LTCF COVID-19 webpage.

5. In early May, the ques on for assessing ven lator availability in the LTCF was updated to include "ven lator dependent units" and "ven lator dependent beds." This change was in recogni on that some LTCFs have ven lators available, but not necessarily a ven lator only unit or dedicated bed.

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*NOTE: LTCFs should only answer "yes" to "Do you have ventilator dependent unit(s)
and/or beds in your facility?" if the LTCF has ventilators that are available for use
on residents while remaining in the LTCF*

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6. Taking into considera on the addi onal burden associated with collec ng and repor ng retrospec ve counts, another change in early May was how retrospec ve counts from January 1, 2020 to April 30, 2020 were reported. Instead of including those retrospec ve, aggregate counts in with the rst date of data entry in the COVID-19 module, users were instructed to enter those counts by selec ng a date on the calendar prior to May 1. Repor ng of these retrospective counts are encouraged, but *not* required. There is not a deadline for repor ng these retrospective counts, so users may s ll enter counts that occurred prior to May 1.

WHAT'S COMING...

As we continue to receive feedback from our LTCF users and learn more about COVID-19 and its impact on vulnerable populations and healthcare workers, the COVID-19 module will evolve.

Although, there may be additional changes, here are a few we know are in the horizon over the next couple of months.

1. Expansion of the COVID-19 Dashboard for LTCFs, to include additional pathways and analysis options.

2. Additional analysis options, such as line lists, that for facility and group users to allow detailed review of data entered in the COVID-19 Module that will allow correction of errors prior to CMS submission.

3. Soft alerts and reminders will be added to the application as a reminder for users entering potentially erroneous counts. The purpose of these alerts is to improve the quality of data being entered and analyzed.

4. Additional **lab questions** will be added to the Facility Impact and Facility Capacity Pathway

   The rationale behind these additional questions include:

   • To become better informed of the limitations of COVID-19 testing capacity in LTCFs so that public health can allocate resources

   • Allow public health departments to better interpret facility-specific data on new cases (for example, new confirmed cases in facilities that are not performing point prevalence surveys are likely to underestimate true burden of infection)

   • Improved estimate burden and facility comparisons by knowing how widespread testing is in facilities

5. Frequently Asked Questions (FAQs) document will be posted on the LTCF COVID-19 webpage in early July.

Please visit our LTCF COVID-19 website often for updated and new

guidance documents, training opportunities, and other

important updates

WHAT IF MY FACILITY IS ENROLLED TWICE?

A facility **should not** enroll in NHSN more than once. Each enrolled LTCF should have **one** NHSN Org ID and only have **one** CCN affil ted with that Org ID. Faciliti s enrolled more than once and share the same CCN will not have accurate data recorded and submi ed to CMS.

Please follow these steps to withdraw any duplicate facili es:

1. Choose one NHSN facility Org ID to submit data and ensure the CCN is correct.

    Note: If one of the enrolled faciliti s is a level 3 facility, meaning level 1 facility users have access to all NHSN data and repor ng op ons, this is the preferred facility to keep. Contact nhsn@cdc.gov and request to be added as a user to the facility with limited rights to the COVID-19 Module (if you do not have an ac ve grid card)

2. Merge data from any duplicate facili es into the one designated facility from step #1.

3. Withdraw duplicate facili es from NHSN by doing the following:

    a. Log into the duplicate enrolled facility in NHSN.

    b. On the le naviga on pane, select facility->facility info.

    c. Scroll down to the component itemiza on and deselect the component that is a duplicate.

    d. Accept the alert indica ng that you've deselected the facility.

    e. Select update to refl ct changes.

4. Email NHSN@cdc.gov with the subject line "LVL1 duplicate facili es" when the data has been merged into the facility chosen and the duplicate facility has been withdrawn. Be sure to include the following in the email:

*   The NHSN Org IDs which you have withdrawn and the NHSN Org ID which you wish to conti ue using to report COVID-19 data.

*   Statement that you have successfully merged the data from the duplicate facility into the facility you will use

NOTE: This step is very important and failure to follow the instructions will result in duplicate data shared with CMS for your facility

UPDATED GUIDANCE DOCUMENT

Be sure to check-out the UPDATED [Facility Guide to Using the COVID-19 Module](#), which can also be found on our NHSN LTCF COVID-19 Module [Webpage](#). This guidance is a complete resource for using and reporti g into the NHSN LTCF COVID-19 Module.
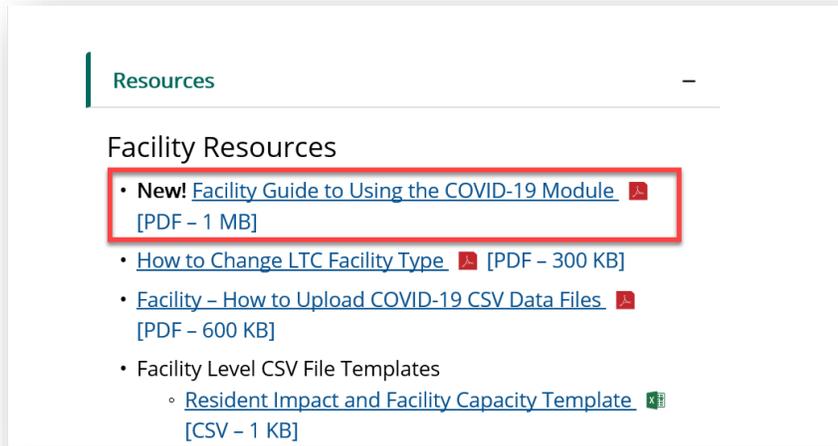
EXAMPLE LINE LIST FOR WEEKLY REPORTING OF COUNTS

As a reminder, counts should only include NEW counts. See the below line list as an example.

Example Line List: DHQP nursing home enters data into the NHSN COVID-19 module every Friday and includes new cases from the previous 7 days (previous Friday through Thursday)

Week 5/29 - 6/4	NEW ADMITS	NEW CONFIRMED	NEW SUSPECTED	NEW TOTAL DEATHS	NEW COVID-19 DEATHS	COMMENTS
Friday 5/29	1	0	0	0	0	One resident admitted from assisted living facility after lab positive covid-19
Saturday 5/30	0	3	4	0	0	3 new lab positive residents; 4 residents put in isolation for fever and respiratory symptoms; no deaths
Sunday 5/31	0	0	2	0	0	2 additional residents put on isolation for symptoms
Monday 6/1		2	1	3	2	2 positive lab results for previously suspected; 1 new resident put on isolation; 3 residents died, but only 2 from COVID-19 related complications
Tuesday 6/2	0	1	5	1	1	1 new positive lab result-from a resident previously included in suspected count; 5 new residents put on isolation for symptoms; 1 new death today- from covid-19
Weds 6/3	0	3	0	0	0	3 new positive lab results from previously suspected
Thursday 6/4	1	1	0	3	2	2 new admissions from hospitals after being treated for covid-19; 1 newly confirmed resident; 3 new deaths, with 2 being related to covid-19
Weekly counts entered in NHSN on Friday 6/5	**2**	**10**	**12**	**7**	**5**	

FREQUENTLY ASKED QUESTIONS

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Question: If a resident with COVID-19 is newly admitted to my facility, do I count the resident in the Admissions and Confirmed counts?

Response: NO. Residents with previous, known, or suspected COVID-19, admitted or readmitted from another facility should only be included in the ADMISSIONS count for your LTCF. The purpose of CONFIRMED is to assess potential LTCF onset cases.

Question: Is it ok to go back in and correct incorrect data or data errors?

Response: YES. Facilities are strongly encouraged to correct incorrect and/or data entry errors by clicking on the selected date from the calendar view and then making corrections, followed by clicking the SAVE button.

Question: Do I include new COVID-19 Death counts in the Total Deaths count?

Response: YES. TOTAL DEATHS count must include counts for all new deaths collected during the surveillance and/or reporting time period, including those related to COVID-19. TOTAL DEATHS count should always be greater than the COVID-19 DEATHS count.

Question: Do I have to enter data in the NHSN calendar every day?

Response: NO. LTCFs are encouraged to report data in NHSN as often as possible. However, facilities must report a minimum of once per week (7 days). If data are entered more than once a week, it's important NOT to include duplicate counts (for example, do not roll over counts from the previous days).

Question: For residents who test positive for COVID-19, how long do I include them in my reported counts for NHSN?

Response: ONCE. CONFIRMED (laboratory positive) counts must represent incidence (new) counts since the last time confirmed counts were collected and/or reported to NHSN (depending if the facility reports weekly or more than once per week). CONFIRMED residents and/or staff should only be counted one time, to represent the date of the positive COVID-19 lab result. Additionally, reported CONFIRMED counts must not be removed from previous counts after a resident and/or staff recover.

FREQUENTLY ASKED QUESTIONS (CONTINUED)

Question: Should I enter cumulative counts from January 1, 2020 until the end of April?

Response: Yes. LTCFs are encouraged to enter cumulative counts from January 1, 2020 by selecting a date prior to May 1, 2020 to enter any known cumulative counts (for example, total laboratory positive cases, total COVID-19 death counts, etc.). Prior to June 5, NHSN had a business rule that prevented the user from submitting counts if the total counts were greater than the total census for the date entering the counts.

<u>However, this business rule has been removed</u>. If you attempted to enter retrospective counts and received the error message, please try again now. The only other question that will be required to answer when entering retrospective counts is Testing: Does your facility have access to COVID-19 testing while the resident is in the facility since this is a required question. Since you will not be able to submit the retrospective counts before answering this question, we encourage users to answer to the best of your ability, but do not let not knowing the answer prevent you from entering the facility total retrospective counts.

Question: We isolate all new admissions for 14 days to monitor for COVID-19 signs or symptoms. Should I include all these residents in the "Suspected" count?

*Response: NO. Isolation alone does not meet NHSN definition for SUSPECTED. To be included in the SUSPECTED COVID-19 count, residents without laboratory positive results must be managed as though they have COVID-19 **due to** signs and/or symptoms compatible with COVID-19. See [CDC's Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).](#) Examples include, but are not limited to fever, acute respiratory illness (cough, shortness of breath, difficulty breathing), chills, repeated shaking with chills, muscle pain, new loss of taste or smell, diarrhea, vomiting, headache or sore throat. The definition includes residents who have not been tested or those with pending test results.*

Question: Do I still need to report if I have no new cases for the reporting week?

Response: YES. Continue to report in the module since questions include a combination of counts and yes/no responses. If your facility has no new cases to report for a specific question, enter a 0 for that question. This is important since <u>a blank field is equivalent to "missing data" for a pathway</u>.