



# National Healthcare Safety Network NHSN CASE STUDIES

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# MEET JANE



Jane was recently hired as an IP to work for DHQP Nursing Home. Prior to hiring Jane, the recently resigned Director of Nursing (DON) had responsibilities for infection prevention and control, including participating in NHSN. Jane is a new IP, but she is hopeful that her pediatric experience will help in her new role. This facility has 125 beds and includes a 25 bed skilled nursing unit, 25 bed locked unit for dementia care, and 75 general nursing care beds. Jane is very excited to start her job as a new IP for this NHSN facility.



## Scenario 1: Answer

**It's her first day on the job and the new DON informed Jane that she will need to use NHSN for surveillance and data reporting. Since Jane has never used NHSN, what is the first step she must take?**

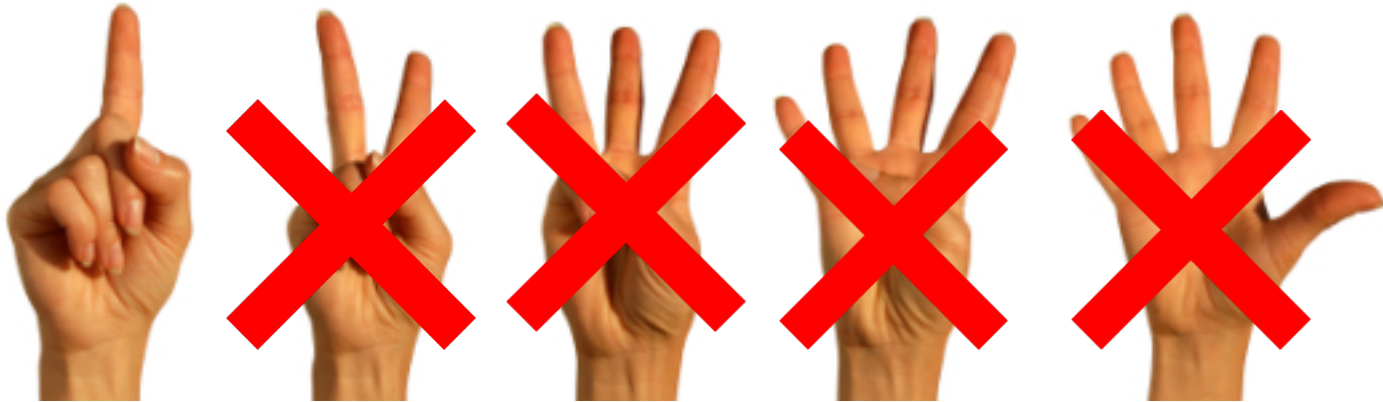
-  **A.** Ask the DON or another NHSN user in the facility to add her as a new NHSN user so she can register with SAMS and receive her personalized SAMS grid card.
- B.** Re-enroll the facility and enter herself as the NHSN facility administrator.
- C.** Add herself as a NHSN user.

### Scenario 1-continued: Answer

**The DON informs Jane that she also does not have access to NHSN. The previous DON was the NHSN facility administrator, and the only one with NHSN access. Now what? (Select all that apply)**

-  **A.** If possible, contact the previous DON and ask her to log back into NHSN facility and add Jane as a user and reassign the role of NHSN facility Admin to her.
- B.** Re-enroll the facility and enter herself as the NHSN facility administrator.
- C.** Add herself as a NHSN user
-  **D.** If it's not feasible to request the previous DON to reassign the NHSN facility administrator role, request the new DON to submit a letter to NHSN requesting the NHSN facility administrator role to be reassigned to Jane.

# A FACILITY SHOULD ENROLL INTO NHSN ONE TIME



# The NHSN facility administrator can reassign the role of facility administrator by following the below instructions.

- Log into NHSN → Select **Facility** from the left navigation bar → select **Add/Edit component** → Select **Reassign**, either by selecting an existing user or by adding a new user..
- Once you check Submit, you should see “ Contact successfully reassigned” at the top of the screen.



The screenshot shows the NHSN navigation menu on the left side of the interface. The menu items are: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Facility' menu item is expanded, showing sub-items: Customize Forms, Facility Info, Add/Edit Component, and Locations. The 'Add/Edit Component' sub-item is highlighted with a blue background.

**Contact Information**

	Contact Type	Contact Name	Phone No. text	Email	Action
Edit	Facility Administrator	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Healthcare Personnel Primary Contact	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Microbiology Laboratory Director/Supervisor	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Long Term Care Facility Primary Contact	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign



The screenshot shows the bottom navigation bar of the interface. It contains three buttons: 'Add User', 'Reassign', and 'Close'. The 'Add User' button is highlighted with a blue background and a yellow arrow pointing to it from the left.


## Scenario 2: Answer

**After receiving her SAMS grid card, what actions would you recommend Jane take? (Select all that apply)**

- A. Create a monthly reporting plan for each month in which event data will be submitted.
- B. Print the event forms for the CNAs to complete when an infection is suspected.
- C. Verify that resident care locations have been set-up in the NHSN application.
- D. De-activate users no longer working in the facility, including the outgoing DON.
- E. Re-enroll the facility and enter herself as the NHSN facility administrator.
- F. Review the facility annual survey to become familiar and check for accuracy.
- G. Identify and add at least one additional user to NHSN.

### Scenario 3: Answer

**Jane is interested in performing UTI surveillance just for the general nursing unit. Which locations must she select when submitted up the NHSN monthly reporting plan?**

- A. She can select the general nursing unit if she has mapped the location in the NHSN application.
-  B. She must select facility-wide inpatient on the NHSN monthly reporting plan and perform UTI surveillance and reporting for all resident care units in the facility.
- C. She must select facility-wide inpatient on the NHSN monthly reporting plan, but can perform surveillance only on the general nursing unit.



# Setting for Surveillance

**UTI surveillance and reporting require facility-wide inpatient (FacWideIN), which means all resident care locations in the facility must be monitored for catheter and non-catheter associated UTIs**



## Add Monthly Reporting Plan

Mandatory fields marked with \*

Facility ID \*:

Month \*:

Year \*:

No Long Term Care Facility Component Modules Followed this Month

### HAI Module

	Locations	UTI
	Facility-wide Inpatient (FacWIDEIn)	<input checked="" type="checkbox"/>

### LabID Event Module

	Locations	Specific Organism Type	Lab ID Event All Specimens
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/>	<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

### Prevention Process Measure Module

	Locations	Hand Hygiene	Gown and Gloves Use
	Facility-wide Inpatient (FacWIDEIn)	<input type="checkbox"/>	<input type="checkbox"/>

Copy from Previous Month




Save

Back

## Scenario 4 : Answer

**Jane understands the importance of data accuracy.  
How can she be sure the NHSN data are accurate?**

- A. Resolve all outstanding alerts every month
- B. Generate datasets before running analysis reports
- C. Assure annual facility survey accuracy
- D. Submit summary data for each month, even if not events were reported
-  E. All of the above


# Data Quality – Places to look

- Monthly reporting plans:
  - Are the monthly reporting plans complete?
- Event:
  - Are all required fields for the UTI event complete?
- Summary Data:
  - Did you complete all required fields?
  - Did you remember to check “report no events” if there were no events reported?
- Annual Survey:
  - Are the number of beds updated from the previous survey year?
  - Has the facility affiliation changed?
- Alerts:
  - Have the alerts been resolved for the required analysis months?
- Using NHSN Analysis:
  - Are new datasets generated?
  - Were new events entered after I ran my analysis?

**Data Accuracy is essential for surveillance of infections and development of key quality metrics**

### Scenario 5: Answer

While reviewing positive cultures for July, Jane found that Ms. Lee had a urine culture with 100,000 cfu/ml of *E. coli*. During chart review, she found that Ms. Lee was transferred to her skilled nursing facility on 7/4 after having hip surgery. On 7/5, Ms. Lee complained of burning when she “goes to the bathroom” and feels like she constantly needs to urinate. The urine culture was ordered on 7/5, but was not collected until 7/7. After reviewing the NHSN UTI criteria, Jane knows Ms. Lee does meet NHSN SUTI criteria, but not sure if a UTI event should be reported since she recently transferred to the facility. What advice can we give Jane?


-  A. Don't report the UTI to NHSN because it was present on admission to the LTCF.
- B. Report the UTI since the urine culture was not collected until 4 days after admission.
- C. Since Jane is new, she gets a one month learning curve and doesn't have to report anything to NHSN.

# Present on Admission

- Residents with NHSN UTI signs or symptoms presenting on day one or two of current admission date.
  - If a resident is transferred from an acute care facility and develops signs/symptoms of a UTI within the first 2 calendar days of admission to the LTCF, it would be considered present at the time of transfer to the LTCF and not reported to NHSN as a LTCF UTI event.



## Scenario 6: Answer

**Jane doesn't understand how to apply the new onset confusion/functional decline criteria for CA-SUTI. Which of the residents below fits NHSN CA-SUTI criteria? (Choose one.)**

- A. A resident who is usually able to follow instructions has been unable to focus or pay attention to instructions for the last couple of days and has a WBC count of more than 5,000 leukocytes.
-  B. A resident suddenly has fluctuating course, difficulty paying attention, and is not making sense during conversation, and has a WBC of greater than 14,000 leukocytes.
- C. A resident who recently begins to urinate in the bed.

## Scenario 7: Criteria for CA-SUTI: Answer

Which of the following criteria would confirm a CA-SUTI? (Select all that apply.)

-  A. The resident's oral temperature is 100.2 °F and the indwelling catheter specimen is positive for *E. coli* >100,000 cfu ( $10^5$ ).
- B. The resident has purulent discharge around the suprapubic catheter and the catheter specimen is positive for *E. coli* >100,000 cfu ( $10^5$ ).
-  C. The resident has multiple oral temps of 99.2 °F, chills, sweating and the indwelling catheter specimen is positive for *E. coli* >100,000 cfu ( $10^5$ ).
- D. The resident's oral temperature is 100.9 °F and the indwelling catheter specimen is positive for *E. coli* >100,000 cfu and mixed flora.
- E. The resident has a fluctuating change in mental status, and a voided specimen positive for *E. coli* 100 cfu ( $10^2$ ) four days after the indwelling catheter was removed.
- F. The resident has oral temp of 101 °F, chills, sweating, and the indwelling catheter specimen is positive for *Candida albicans* >100,000 cfu.



## Scenario 8: Meet Mr. G

- Mr. G has a positive voided urine culture that is positive for mixed flora, *E. coli*, and *Candida glabrata*  $10^5$  CFU/ml.
- During the medical record review, you read that four days earlier he complained of burning during urination. You did not see documentation of an indwelling urinary device, but he does receive intermittent catheterization for urinary retention.

## Scenario 8: Mr. G : Answer

### Does Mr. G meet NHSN UTI criteria?

- A. YES, he meets NHSN criteria for a SUTI
  - ✓ B. NO, he does not meet NHSN criteria for UTI
  - C. Yes, he meets NHSN criteria for CA-SUTI
  - D. Yes, he meets NHSN criteria for ABUTI
- 
- ✓ **No indwelling urinary device**
  - ✓ **Acute dysuria**
  - ✓ **Urine culture requirement are not met since culture was collected from a voided urine specimen and the urine culture grew more than 2 species of microorganisms (mixed flora = at least 2 species of organisms)**

## Scenario 9 : Answer

Jane was reviewing her events for the month of June when she realized Mr. Jones was transferred to her SNF on 6/30 with a recent history of CDI. She did not find evidence of a stool culture collected after he was admitted to her facility. Should she report a CDI LabID event just to be on the safe side?

A. Yes

 B. No

## Scenario 10 : Answer

After getting the hang of UTI surveillance, Jane decides that she wants to retrospectively add *C. difficile* LabID Event to her reporting plan for June. Can she update her NHSN monthly reporting plan?

- ✓ A. Yes. She can edit the NHSN monthly reporting plan and add CDI LabID Event to the plan.
- B. No. It's too late. She will need to wait until June 2015 to add CDI LabID Event reporting to her plan.
- C. She should call NHSN and let them decide.

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan Add
- Resident Find
- Event
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Tools
- Logout

## Edit Monthly Reporting Plan

Mandatory fields marked with \*

Facility ID \*: Pike Nursing Home (11106)  
 Month \*: June  
 Year \*: 2019

No Long Term Care Facility Component Modules Followed this Month

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### HAI Module

	Locations	UTI
	Facility-wide Inpatient (FacWIDEIn)	<input checked="" type="checkbox"/>

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### LabID Event Module

	Locations	Specific Organism Type	Lab ID Event All Specimens
	Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile	<input checked="" type="checkbox"/>


---

### Prevention Process Measure Module

	Locations	Hand Hygiene	Gown and Gloves Use
	Facility-wide Inpatient (FacWIDEIn)	<input type="checkbox"/>	<input type="checkbox"/>

## Scenario 11 : Answer


### Define Event Date for a LabID event

-  A. Date the specimen was collected.
- B. Date when the first clinical evidence (signs or symptoms) of infection appeared or the date the specimen used to meet the infection criteria was collected, whichever comes first.
- C. Date culture was ordered.
- D. Date the events were entered.

## Scenario 12 : Answer

Mr. Smith, a resident in your facility developed copious diarrhea and was sent to the emergency department on 6/1 for evaluation. While in the ER a loose stool specimen was collected and tested positive for *C. difficile*. Mr. Smith received IV fluids and a new prescription for oral vancomycin, returning back to your facility on 6/2.

According to NHSN LabID event rules, should Jane submit a CDI LabID event for Mr. Smith?

-  A. Yes
- B. No
- C. I wasn't paying attention during the LabID event presentation

### Scenario 12-continued : Answer

Mr. Smith, a resident in your facility developed copious diarrhea and was sent to the emergency department on 6/1 for evaluation. While in the ER a loose stool specimen was collected and tested positive for *C. difficile*. Mr. Smith received IV fluids and a new prescription for oral vancomycin, returning back to your facility on 6/2.

Should Jane include Mr. Smith in the monthly summary count for *Number of Admissions on C. diff Treatment*:

- A. Yes
- ✓ B. No – *This represents OP visit, not a re-admission*
- C. I wasn't paying attention during the LabID event presentation



### Scenario 12-continued : Answer

Mr. Smith, a resident in your facility developed copious diarrhea and was sent to the emergency department on 6/1 for evaluation. While in the ER a loose stool specimen was collected and tested positive for *C. difficile*. Mr. Smith received IV fluids and a new prescription for oral vancomycin, returning back to your facility on 6/2.

Should Jane include Mr. Smith in the monthly summary count for *Residents started on Antibiotic Treatment for C. diff Treatment?*

- ✓ A. Yes – *since he was under the care of the LTCF- no change in current admission date*
- B. No
- C. I wasn't paying attention during the LabID event presentation

### Scenario 13 : Answer

While continuing to review positive lab results for July, Jane found that Ms. Brown had a positive *C. difficile* PCR on July 15. During chart review, she read that Ms. Brown was admitted to the LTCF July 14 and a loose stool specimen was collected on July 15. Additionally, Ms. Brown was started on oral vancomycin on July 15.

Jane is unsure if she needs to report this positive *C. diff* and needs our help! What advice can we give Jane?

- A. Don't report a CDI LabID event to NHSN because it was community acquired.
- ✓ B. Report a CDI LabID event to NHSN since the specimen represented the first positive *C. diff* from this resident.
- C. Again, since Jane is new, she gets a one month learning curve and doesn't have to report anything to NHSN.

**Both Community-Onset and LTCF-Onset positive C. diff lab results must be submitted to the NHSN**



### Scenario 13-continued : Answer

While continuing to review positive lab results for July, Jane found that Ms. Brown had a positive *C. difficile* PCR on July 15. During chart review, she read that Ms. Brown was admitted to the LTCF July 14 and a loose stool specimen was collected on July 15. Additionally, Ms. Brown was started on oral vancomycin on July 15.

How will NHSN categorize the CDI LabID event submitted by Jane?

*\*Reminder- current admission date July 14; specimen collection date July 15\**



- A. Community-onset (CO)
- B. Long-term Care Facility-onset (LO)
- C. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)

<b>LTCF Current Admission Date: July 14</b>				
July 14	July 15	July 16	July 17	July 18
Day 1	Day 2	Day 3	Day 4	Day 5
<b>Community-Onset (CO)</b>			<b>Long-term Care Facility Onset (LO)</b>	

## NHSN will Categorize CDI LabID Events Based on:

1. **Reported date of current admission to facility,**
  2. **Reported specimen collection date (also referred to as date of event),**
  3. **Reported date of last transfer from acute care to your facility.**
- Community-onset (CO): Date specimen collected 3 calendar days or less after current admission to the facility (i.e., days 1, 2, or 3 of admission)
  - Long-term Care Facility-onset (LO): Date specimen collected more than 3 calendar days after current admission to the facility (i.e., on or after day 4)
    - LO Events are further sub-classified:
      - **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO):** LO LabID events with a specimen collection date **4 weeks or more** following date of last transfer from an acute care facility

### Scenario 13-continued : Answer

While continuing to review positive lab results for July, Jane found that Ms. Brown had a positive *C. difficile* PCR on July 15. During chart review, she read that Ms. Brown was admitted to the LTCF July 14 and a loose stool specimen was collected on July 15. Additionally, Ms. Brown was started on oral vancomycin on July 15.

Based on the advice we gave Jane about the CDI LabID event. Would we advise Jane to include Ms. Brown in July's Monthly Summary count for *Number of Admissions on C. diff Treatment?*

- A. Yes
- ✓ B. No- *there is not documentation to indicate that Ms. Brown was on treatment for CDI at the time of admission to DHQP*

### Scenario 13-continued : Answer

While continuing to review positive lab results for July, Jane found that Ms. Brown had a positive *C. difficile* PCR on July 15. During chart review, she read that Ms. Brown was admitted to the LTCF July 14 and a loose stool specimen was collected on July 15. Additionally, Ms. Brown was started on oral vancomycin on July 15.

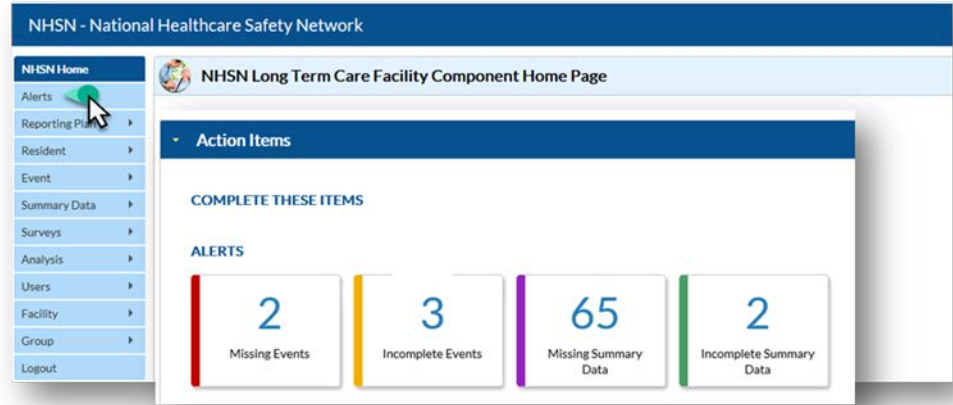
Based on the advice we've just given Jane about the CDI LabID event. Would we advise Jane to include Ms. Brown in July's Monthly Summary count for *Number of Residents Started on Antibiotic Treatment for C. diff?*

- ✓ A. Yes - *There was documentation that Ms. Brown was started on vancomycin for CDI*
- B. No

## Scenario 14 : Answer

When logging into NHSN, Jane notices the following alerts on her screen. Since she is new and these are not her mistakes, does she have to do anything with these alerts?

- ✓ A. Yes. All alerts must be resolved before data are considered as complete.
- B. No. She can clear these alerts and start fresh since she is new.
- C. She must ask her DON.



The screenshot displays the NHSN Long Term Care Facility Component Home Page. The page title is "NHSN - National Healthcare Safety Network" and "NHSN Long Term Care Facility Component Home Page". The left sidebar contains a navigation menu with items: NHSN Home, Alerts, Reporting Plans, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area is titled "Action Items" and "COMPLETE THESE ITEMS". Under the "ALERTS" section, there are four alert cards:

Alert Type	Count
Missing Events	2
Incomplete Events	3
Missing Summary Data	65
Incomplete Summary Data	2



# Alerts

- Automatic checks in the NHSN that remind users of incomplete or missing in-plan data.
- Monthly data that are not considered complete and will be excluded from analysis unless resolved.
- Before using the analysis function, make sure to clear all (relevant) alerts.
- Found on the Home Page, or by clicking on the 'Alerts' tab on the sidebar.

The screenshot displays the NHSN Long Term Care Facility Component Home Page. The top navigation bar is blue with the text 'NHSN - National Healthcare Safety Network'. Below this, the page title is 'NHSN Long Term Care Facility Component Home Page'. A sidebar on the left contains a menu with 'Alerts' highlighted and a mouse cursor pointing to it. The main content area features a 'Action Items' section with a sub-section titled 'ALERTS'. This section contains four data cards: 'Missing Events' with a count of 2, 'Incomplete Events' with a count of 3, 'Missing Summary Data' with a count of 65, and 'Incomplete Summary Data' with a count of 2.

Alert Category	Count
Missing Events	2
Incomplete Events	3
Missing Summary Data	65
Incomplete Summary Data	2

## Scenario 15 : Answer

Jane is attempting to resolve an incomplete event alert. After clicking on the event number, here is the incomplete event. What is wrong?



- A. Specific event criteria is not met.
- B. Specific event needs to be typed in.
- C. NHSN has a defect.

**Event Information**

Event Type \*: UTI - Urinary Tract Infection

Resident Care Location \*: SKN - SKN

Primary Resident Service Type \*: SKNUR - Skilled nursing/short term rehab

Has resident been transferred from an acute care facility in the past 4 weeks \*: Y - Yes

If Yes, date of last transfer from acute care to your facility \*: 06/01/2019

If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? \*: N - No

Indwelling Urinary Catheter status at time of event onset \*: NEITHER - Not in place

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? \*: N - No

Specify Criteria Used \* (check all that apply):

Signs & Symptoms	Laboratory & Diagnostic Testing
<input type="checkbox"/> Fever: Single temperature > 37.8° C (>100° F) or >37.2°C (>99°F) on repeated occasions, or an increase of > 1.1°C (>2°F) over baseline	<input checked="" type="checkbox"/> Specimen collected from clean catch voided urine and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml
<input type="checkbox"/> Rigors	<input type="checkbox"/> Specimen collected from in/out straight catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml
<input type="checkbox"/> New onset confusion/functional decline	<input type="checkbox"/> Specimen collected from indwelling catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml
<input type="checkbox"/> New onset hypotension	<input type="checkbox"/> Leukocytosis (> 14,000 cells/mm <sup>3</sup> ), or Left shift (> 6% or 1,500 bands/mm <sup>3</sup> )
<input type="checkbox"/> Acute pain, swelling or tenderness of the testes, epididymis, or prostate	<input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture
<input type="checkbox"/> Acute dysuria	
<input type="checkbox"/> Purulent drainage at catheter insertion site	

New and/or marked increase in (check all that apply):

- Urgency
- Frequency
- Incontinence
- Costovertebral angle pain or tenderness
- Suprapubic tenderness
- Visible (gross) hematuria

Specific Event \*\*:

## Scenario 15- continued

### Event Information

Event Type \*: UTI - Urinary Tract Infection

Date of Event \*: 06/19/2019 25

Resident Care Location \*: SKN - SKN

Primary Resident Service Type \*: SKNUR - Skilled nursing/short term rehab

Has resident been transferred from an acute care facility in the past 4 weeks? \*: Y - Yes

If Yes, date of last transfer from acute care to your facility \*: 06/01/2019 25

If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? \*: N - No

Indwelling Urinary Catheter status at time of event onset \*: NEITHER - Not in place

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? \*: N - No

SUTI criteria

Specify Criteria Used \* (check all that apply):

#### Signs & Symptoms

- Fever: Single temperature  $> 37.8^{\circ}\text{C}$  ( $>100^{\circ}\text{F}$ ) or  $>37.2^{\circ}\text{C}$  ( $>99^{\circ}\text{F}$ ) on repeated occasions, or an increase of  $> 1.1^{\circ}\text{C}$  ( $>2^{\circ}\text{F}$ ) over baseline
- Rigors
- New onset confusion/functional decline
- New onset hypotension
- Acute pain, swelling or tenderness of the testes, epididymis, or prostate
- Acute dysuria
- Purulent drainage at catheter insertion site

#### Laboratory & Diagnostic Testing

- Specimen collected from clean catch voided urine and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from in/out straight catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Specimen collected from indwelling catheter and a positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Leukocytosis ( $> 14,000$  cells/ $\text{mm}^3$ ), or Left shift ( $> 6\%$  or  $1,500$  bands/ $\text{mm}^3$ )
- Positive blood culture with 1 matching organism in urine culture

New and/or marked increase in (check all that apply):

- Urgency
- Frequency
- Incontinence
- Costovertebral angle pain or tenderness
- Suprapubic tenderness
- Visible (gross) hematuria

Specific Event will autöpopulate based on the above NHSN event criteria selected

Specific Event \*\*: SUTI-Symptomatic UTI

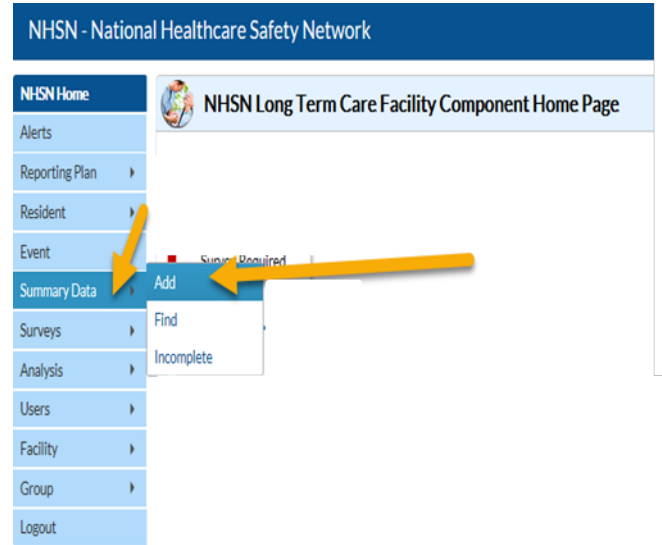
## Scenario 16 : Answer

In reviewing historical surveillance data, Jane verified that 0 UTIs were identified during the month of January. Since the facility did not report any UTIs to NHSN, does Jane still need to submit the NHSN monthly summary data for January?

- ✓ A. Yes
- B. No

# Submit MONTHLY SUMMARY DATA to NHSN


- Referred to as denominator data
- At the end of the month, enter monthly total denominator data into the NHSN application
  - Unless otherwise stated, best practice is to have monthly events and summary data complete by the end of the following month
    - *Example: have June data submitted by the end of July*
- **Required even if no events were identified during the month**
- Locate 'Summary Data' on left-hand navigation Bar, and then 'ADD'



## Scenario 17 : Answer

Jane sees a new order for Macrobid on a resident with a UTI. While reviewing the chart, she notices the medication was started and then changed once the sensitivity results became final.


Should Jane count this antibiotic in the NHSN monthly summary count for “*New Antibiotic Starts for UTI Indication*”?

- A. Yes. Only count the Macrobid since it was administered first.
- B. No. The full treatment was not given so it should not be counted.
-  C. Yes. Count both the Macrobid and the new antibiotic.

# New Antibiotic Starts for UTI Indication

- Monthly sum of all new prescriptions/orders for antibiotics given to residents suspected or diagnosed with having a UTI.
- Count antibiotic starts even if the infection being treated did not meet NHSN criteria for a symptomatic UTI event.
- **Capture all new antibiotic orders, regardless of number of doses or days of therapy.**
- Do not include antibiotic courses started by another healthcare facility prior to the resident's admission or readmission back to your facility, even if the resident continues to take the antibiotic while in the facility.

## Denominators for Long Term Care Locations

	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

## Scenario 18 : Answer

In reviewing the NHSN UTI criteria, Jane does not understand criterion - *“Fever of >99F on repeated occasions”*. Let’s give her an example.

- A. Resident has a documented temperature of 99.2F the day before the urine culture was collected and for two days after the urine culture was collected.
- B. The documented temperatures must be consecutive.
- C. Resident has more than one documented temperature reading of >99F.
- D. A and C are correct.



## Scenario 19 : Answer

Mr. Clark is a nonverbal, incontinent resident and was noted as having twitching of the face, hands and legs. He was sent to an ER for evaluation, where a urine culture was collected. He returned to the SNF the same day with a diagnosis of UTI, and the culture came back with *Klebsiella pneumoniae* (>100,000CFU/ml).

**Should this be reported as a UTI event if the patient is unable to verbalize any potential symptoms?**

- A. Yes- if the ER diagnosed a UTI, then he must have one.
- B. No – a positive urine culture alone does not mean UTI.
- ✓ C. Maybe-I'd need more information to determine if Mr. Clark meets NHSN criteria.

## Scenario 19 continued : Answer

Upon chart review, prior to being sent to the ED, Mr. Clark had a noticeable increase in twitching of the face and legs during the lower abdominal exam and his urine was pink in color. With this new information (plus the positive urine culture collected in the ED), should Jane report a UTI event?

- ✓ A. Yes
- B. No

**Figure 1: Criteria for Defining Non-Catheter Associated Symptomatic Urinary Tract Infection (SUTI):**

**Resident *without* an indwelling catheter (Meets criteria 1 OR 2 OR 3):**

**SUTI – Criteria 1**

**Either** of the following:

1. Acute dysuria
2. Acute pain, swelling, or tenderness of the testes, epididymis or prostate

**OR**

**SUTI - Criteria 2**

**Either** of the following:

1. Fever<sup>+</sup> <sup>a</sup>
2. Leukocytosis<sup>b</sup>

**AND**

**ONE or more** of the following:

- Costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency
- New or marked increase in frequency

**OR**

**SUTI - Criteria 3**

**TWO or more** of the following:

- Costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency
- New or marked increase in frequency

**AND**

**Either** of the following:

1. Specimen collected from clean catch voided urine and positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
2. Specimen collected from in/out straight catheter and positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml

## Scenario 20 : Answer

Jane is preparing to submit the facility's NHSN Monthly Summary data for June 2019. During the review she was unsure of which residents to include in the summary count for "*Number of residents started on antibiotic treatment for C.diff*" and needs our help!

Should residents who receive empiric treatment be included in the summary count for: *Number of residents started on antibiotic treatment for C. diff*?

- ✓ A. Yes
- B. No

# Submitting Monthly Summary Data in NHSN for CDI LabID Event Reporting

## Number of Residents Started on Antibiotic Treatment for *C. diff*:

- ❖ Informs understanding of CDI management practices (CDI treatment ratio)
- ❖ Can inform burden of CDI in the facility
- ❖ Captures number of residents started on treatment for CDI that month based on clinical decisions; specifically residents without a positive *C. difficile* test.
- ❖ This count is independent of testing
  - ❑ **Includes ALL residents with order for treatment**, including those not tested and those who were tested, but had negative results, and those started on empiric treatment

**MDRO & CDI LabID Event Reporting**

Location Code	
	Resident Admissions: <input type="text"/> *
	Resident Days: <input type="text"/> *
Facility-wide Inpatient (FacWIDEIn)	Number of Admissions on <i>C. diff</i> Treatment: <input type="text"/> *
	Number of residents started on antibiotic treatment for <i>C. diff</i> : <input type="text"/> *



## National Healthcare Safety Network Rate Tables for CDI LabID Event Data CDI Treatment Ratio


As of: May 28, 2019 at 5:29 PM  
Date Range: All LTCLABID\_RATESCDIF

Facility Org ID=56866

Summary Year/Month	Location	Number of residents started on antibiotic treatment for <i>C. diff</i>	Total CDI Count	CDI Treatment Ratio
2019M01	FACWIDEIN	1	1	1
2019M02	FACWIDEIN	0	2	.
2019M03	FACWIDEIN	1	3	0.33
2019M04	FACWIDEIN	0	1	.

## Scenario 21 : Answer

**Jane is interested in participating in the NHSN Prevention Process Measures module. NHSN recommends which useful data collection tips to monitor Hand Hygiene and Gown & Gloves Use?**

- A. Observations should be discrete.
- B. Try to ensure that observations are as representative as possible of normal practice at the facility.
- C. Focus on an area of the unit where staff interaction with residents are clearly visible.
- D. Perform at least 30 different unannounced observations.
-  E. All of above

## Scenario 22 : Answer

True or False? The data reported into annual surveys are reflective of the year that the survey is completed.

A. TRUE

 B. FALSE

# Annual Surveys and Data Analysis


- Every year a new survey is entered into NHSN to reflect data from the **prior calendar year**
  - Surveys capture data of the previous year. For instance, the 2019 survey is collecting data from 2018
- Important to ensure accurate responses for future development of quality metrics such as risk-adjusted models



### Scenario 23 : Answer


The new DON requested to see an NHSN UTI rate report for June. Before running this report in NHSN, Jane knows that she must first.....

*(Select all that apply)*

- A. Verify that all UTI events identified in June were submitted to NHSN.
- B. Verify the complete monthly summary data were submitted for June.
- C. Verify that all outstanding alerts for June have been resolved.
- D. Generate data immediately before running the report.
-  E. All of the above.

## Scenario 24 : Answer

**Now that Jane has more experience with NHSN, the DON asked her to help enroll a sister facility in NHSN. What are the first steps for enrolling a new facility into NHSN?**

- A. Identify who will be the NHSN facility administrator for the new facility.
- B. Access the LTCF enrollment page and follow the 5-step enrollment process.
- C. The identified NHSN facility administrator will register the facility with NHSN by reading and agreeing to the NHSN Facility/Group Administrator Rules of Behavior.
-  D. All of the above.

# LTCF Enrollment Page

Review the LTCF Enrollment page to access helpful resources for NHSN enrollment and set-up

<https://www.cdc.gov/nhsn/ltc/enroll.html>

National Healthcare Safety Network (NHSN)

CDC > NHSN > [Enroll Here](#)

NHSN Login

About NHSN +

Enroll Here -

Enrollment for Ambulatory Surgery Centers +

Acute Care Hospitals/Facilities +

Enrollment for Long-term Acute Care Hospitals/Facilities +

Enrollment for Inpatient Rehabilitation Facilities +

Enrollment for Inpatient Psychiatric Facilities +

**Enrollment for Long-term Care Facilities**

Set-up

Enrollment for Outpatient Dialysis Facilities +

Enrollment for Home Dialysis Facilities +

FAQs About Enrollment

Materials for Enrolled Facilities +

2015 Rebaseline

Group Users +

Analysis Resources +

Annual Reports

CMS Requirements +


National Quality Forum (NQF)

Newsletters




E-mail Updates

Data Validation Guidance

HIPAA Privacy Rule +


 **Get Email Updates**



5-Step Enrollment for Long-term Care Facilities



  


**Note:** Once your facility is enrolled in NHSN, you can add additional reporting options using your monthly reporting plan or activating a new component within the NHSN application. You do not need to re-enroll for each type of event reported.


**Step 1: Training and Preparation**


Print and follow [LTCF detailed checklist](#)  (PDF - 209 KB) to ensure successful and efficient enrollment.

Complete required trainings: [Overview of the Long-term Care Facility Component July 2018](#)  (PDF - 5 MB) and Enrollment: [Getting Access to NHSN for your LTCF](#)  (PDF - 1.8 MB). **Note:** The Enrollment training is a useful guide through the enrollment process.

Complete the [Facility Contact form](#)  (PDF - 63 KB) and [Annual Facility Survey for LTCF](#)  (PDF - 66 KB)

These forms will assist with collecting the required information that will be needed to complete the electronic versions in Steps 2 and 4. Do not submit these forms to NHSN. Detailed instructions for completing the Annual Facility Survey for LTCF are located in the [Table of Instructions - Annual Facility Survey for LTCF](#)  (PDF - 485K) document.


Check trusted websites and spam blocker settings (see [detailed checklist](#)  (PDF - 209 KB)).

For detailed enrollment instructions, download the [NHSN Facility Administrator Enrollment Guide March 2018](#)  (PDF - 797K). **Note:** This guide is not specific to Long-Term Care Facilities.

**Time to complete step 1: 3 hours, 15 minutes**

↓

**Step 2: Agree to NHSN Rules of Behavior and Register Facility**

 After electronically agreeing to the [Rules of Behavior](#), you will be taken to a screen to register your facility. The facility registration information was previously collected on the Facility Contact form in Step 1.


**Time to complete step 2: 10 minutes**


↓

After registration, you will receive two emails: "Welcome to NHSN" arrives from NHSN immediately and "Invitation to Register" arrives from SAMS-no-reply within 24 hours.

↓

**Step 3a: Register with SAMS**

 From the "Invitation to Register" email, log in to [SAMS](#) with your username (i.e., email address) and temporary password provided. Accept the SAMS Rules of Behavior and complete the online SAMS registration form.

[Getting Secure Access to NHSN for LTCF Users](#)  (PDF - 2M) August 2016

**Time to complete step 3a: 15 minutes**

## **Nursing Home Infection Preventionists Training Course**

Training course is designed to help facilities provide staff with the required specialized infection prevention and control training as it relates to the phased implementation of CMS Requirements for Participation for Nursing Homes.

[https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)

**NURSING HOME INFECTION  
PREVENTIONIST TRAINING COURSE**

