National Healthcare Safety Network

Long-term Care Facility Component
Annual Facility Survey Review
How to Complete and Submit

Is the Annual Facility Survey Required?

The NHSN Annual Facility survey for long-term care facilities (LTCFs) is required for facilities that are currently or plan to report healthcare associated infections (urinary tract infections), laboratory-identified events for C. *difficile* and/or multidrug resistant organisms, and/or prevention process measures by March 1st or prior to reporting in the non-COVID-19 module(s), if beginning after March 1st.

All actively enrolled LTCFs have the option to complete the survey. However, the survey is ***NOT*** required for facilities participating exclusively in the COVID-19 module and those facilities **will not** lose access in the system after March 1.

Please be aware that facilities with incomplete surveys may continue to see the "Survey Required" alert under Action Items on the NHSN LTCF home page, but no action is required unless the facility plans to participate in the available non-COVID-19 modules.

Missed Survey Deadline

If the deadline (March 1st) to complete the survey was missed, users are still able to access their NHSN facility account to fulfill this task.

Once the survey has been completed, the survey alert will disappear, and users can resume submitting the Monthly Reporting Plans (MRP) and Monthly Summary Data.

If your facility is **only** participating in the COVID-19 module, no further action is needed to complete Annual Facility Survey.

Facilities that are currently or plan to participate in HAI surveillance modules, should proceed forward with the training guidance to assist with completing survey.

Important Information to Remember
Annual Facility Survey

Important Information

- Annual Facility Surveys should be completed and submitted online by all LTC active facilities who plan to report HAI data.
- Deadline to complete the survey is **March 1st each year**.
  - *Failure to complete by the due date will result in users not being able to complete monthly reporting plans and enter event data.*
- Most survey questions are based on facility characteristics and practices during the **previous** calendar year.
  - *Ex. Survey year 2022 (incl. Jan. 2022 through Dec. 2022)*

Important Information, *continued*

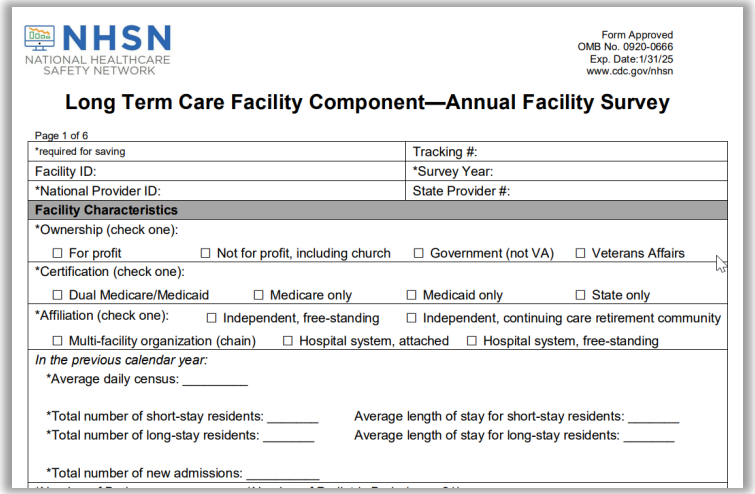
- Surveys ***must*** be completed in one session (incomplete surveys cannot be saved).
- Survey ***must*** be submitted into the NHSN application and **should not** be sent to NHSN via e-mail.
- Surveys may be viewed, edited, and printed anytime after submitting.
- NHSN helpdesk: nhsn@cdc.gov with "**LTCF Annual Facility Survey**" in subject line.

Getting Started with your Annual Facility Survey

Getting started with your Annual Facility Survey

Before Getting Started!

- **Accuracy is important** - Recommend the use of NHSN paper forms and instructions to collect required information
  - **Form:** https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf
  - **Instructions:** https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf



NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date:1/31/25
www.cdc.gov/nhsn

Long Term Care Facility Component—Annual Facility Survey

Page 1 of 6

*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:

Facility Characteristics

*Ownership (check one):
☐ For profit ☐ Not for profit, including church ☐ Government (not VA) ☐ Veterans Affairs

*Certification (check one):
☐ Dual Medicare/Medicaid ☐ Medicare only ☐ Medicaid only ☐ State only

*Affiliation (check one): ☐ Independent, free-standing ☐ Independent, continuing care retirement community
☐ Multi-facility organization (chain) ☐ Hospital system, attached ☐ Hospital system, free-standing

In the previous calendar year:
*Average daily census: _____

*Total number of short-stay residents: _____ Average length of stay for short-stay residents: _____
*Total number of long-stay residents: _____ Average length of stay for long-stay residents: _____

*Total number of new admissions: _____

May review and print previously submitted surveys to aide with completing current surveys if facility characteristics are similar.

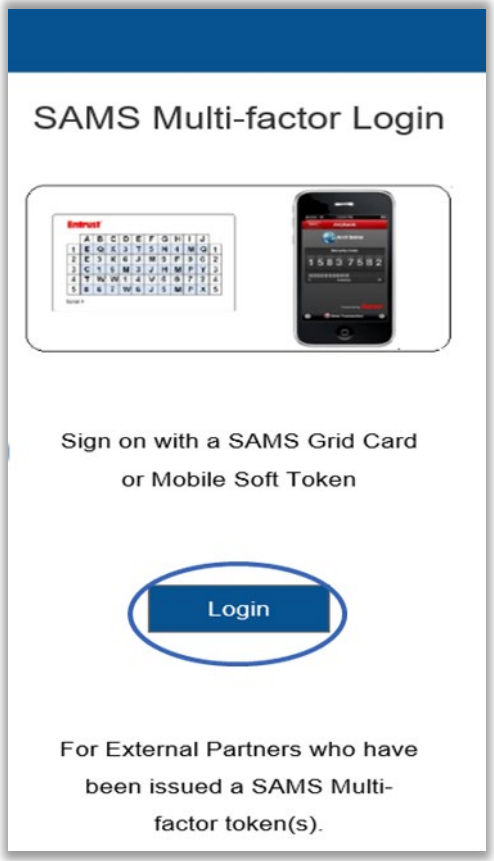
Getting Started with your Annual Facility Survey

Log-in to SAMS

Step 1: Go to https://sams.cdc.gov

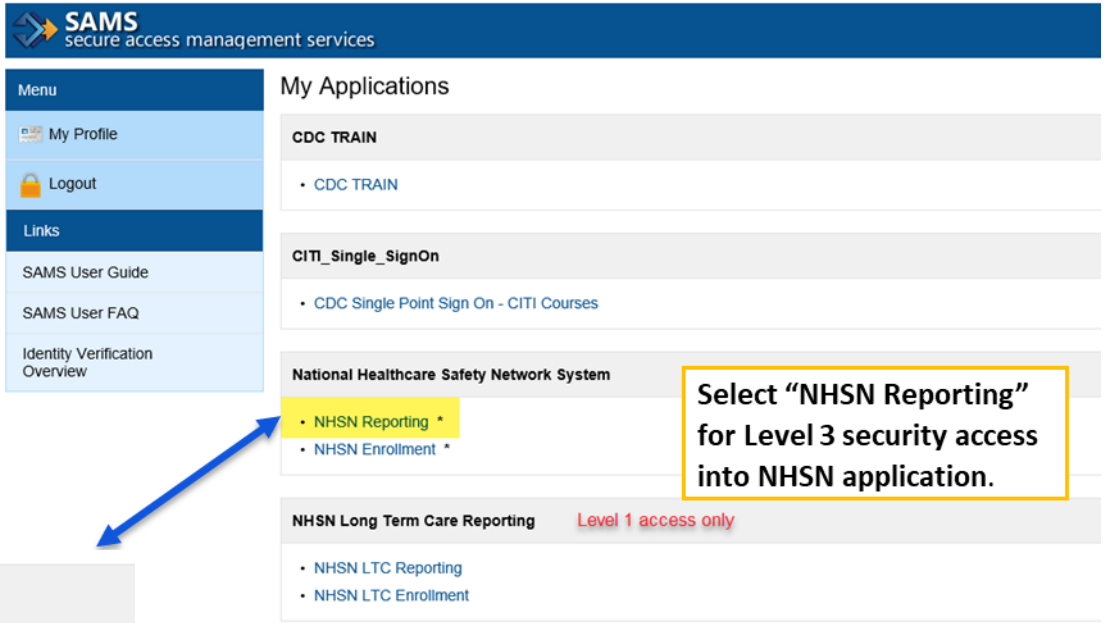
Step 2: Sign-in using your SAMS Grid card or Mobile Soft Token

Users ***MUST*** have Level 3 security authentication and have "Administrator Rights" or "All Rights" to access the Annual Facility Survey.



Getting Started with your Annual Facility Survey – *cont'd*

Step 3: On the SAMS Landing page select, "**NHSN Reporting**" located under the National Healthcare Safety Network System to access your enrolled facility.



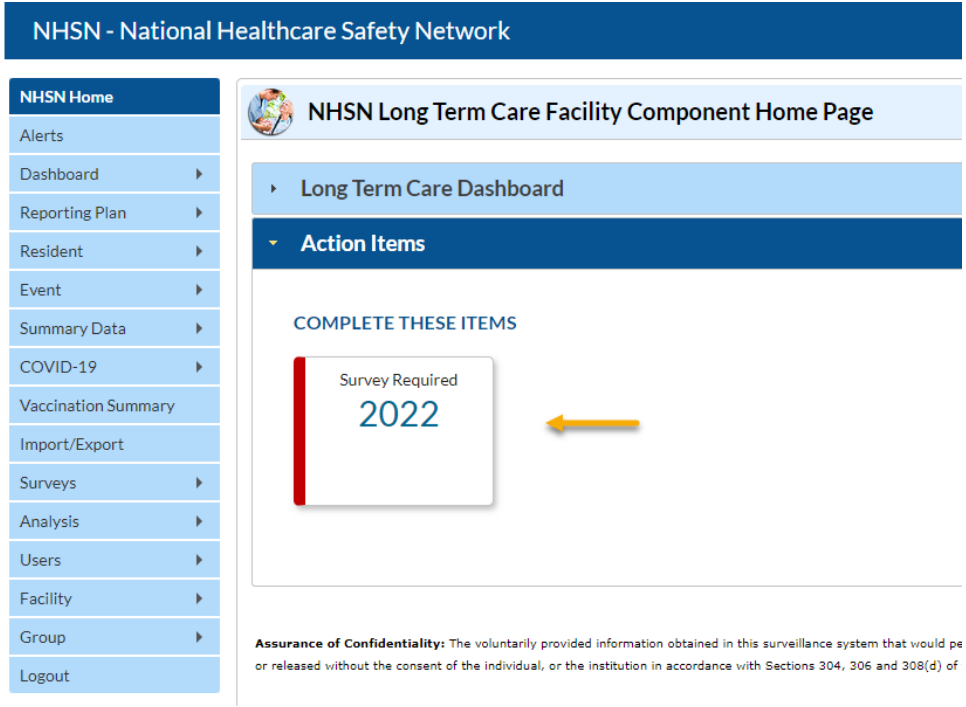
Getting Started with your Annual Survey

Open (Year) of Annual Facility Survey

NHSN Administrator Rights View

You can access the survey by clicking directly in the Alert Box “Survey Required” (as shown in the example on the slide) under your action items.

***Important:** This alert will remain on the facility home page until the survey is completed.*

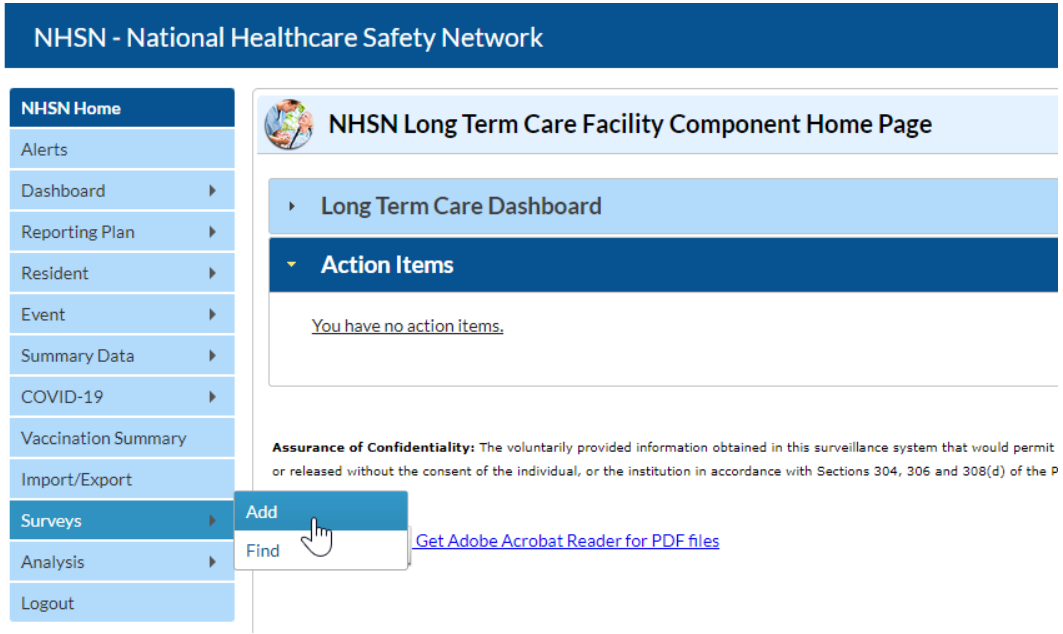


Getting Started with your Annual Survey

Open (Year) of Annual Facility Survey

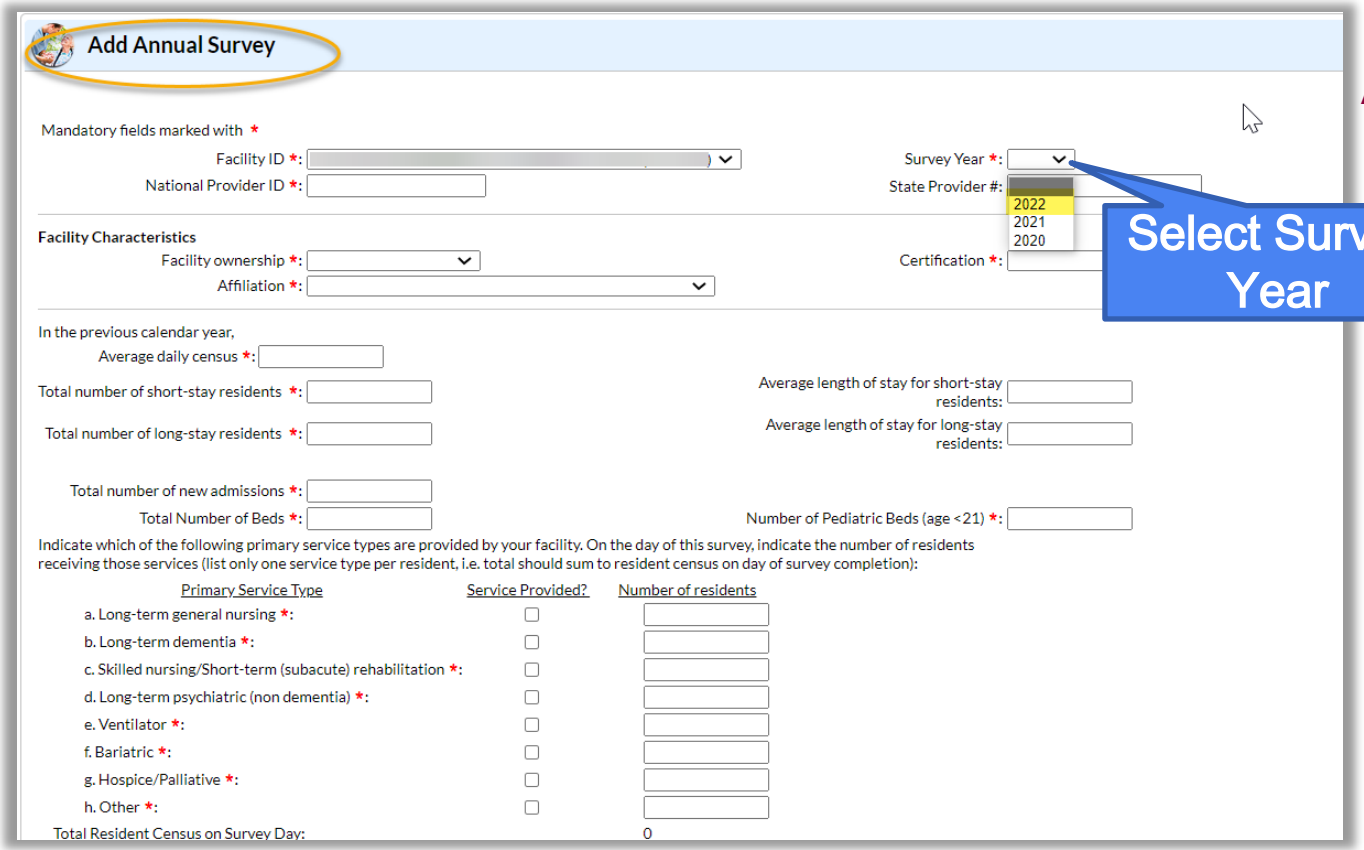
NHSN Facility User w/All Rights View

You can access the survey by clicking “Surveys” tab then “Add” on the left blue navigation panel (as shown in the example on the slide).



Completing the Annual Facility Survey

Completing your Annual Survey



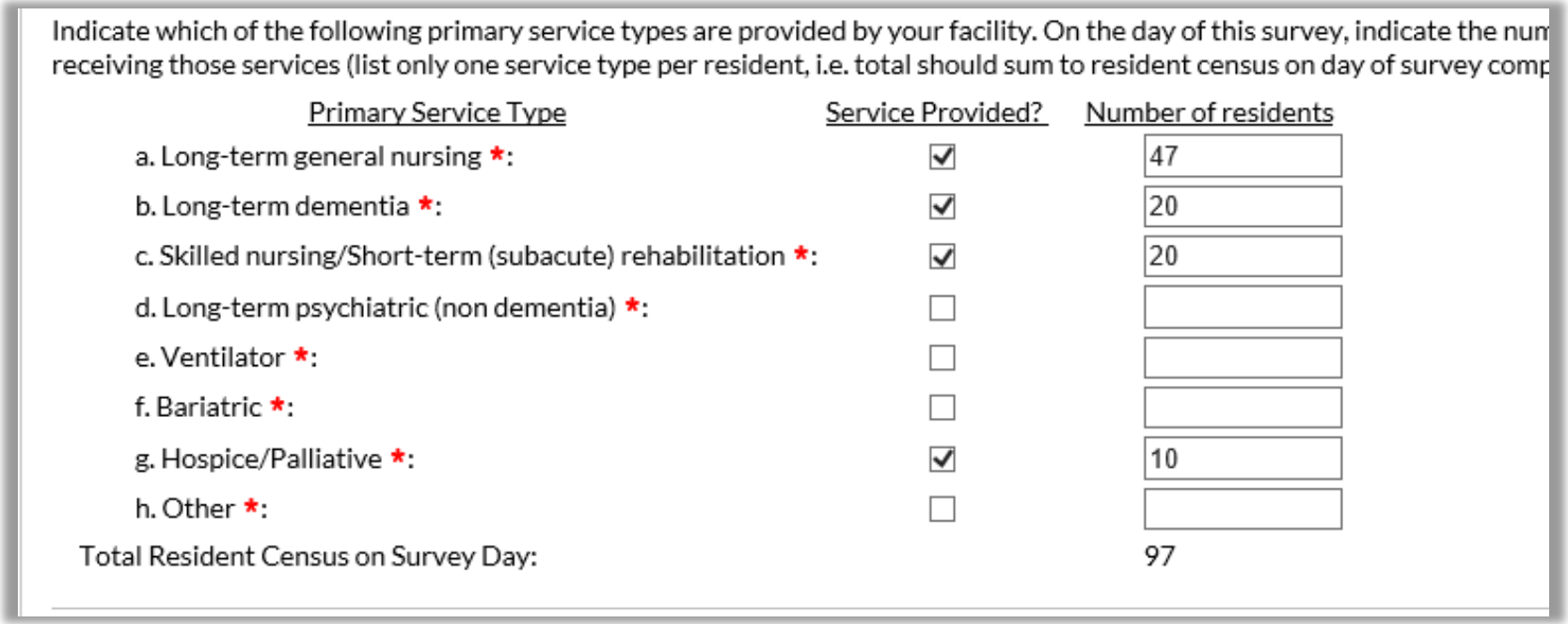
Select Survey Year

Add Required Information

Red *asterisk = required

On the day you complete this survey..

- The **Primary Service Type** portion is the only section on the survey that seeks current year information on the day this survey is completed.

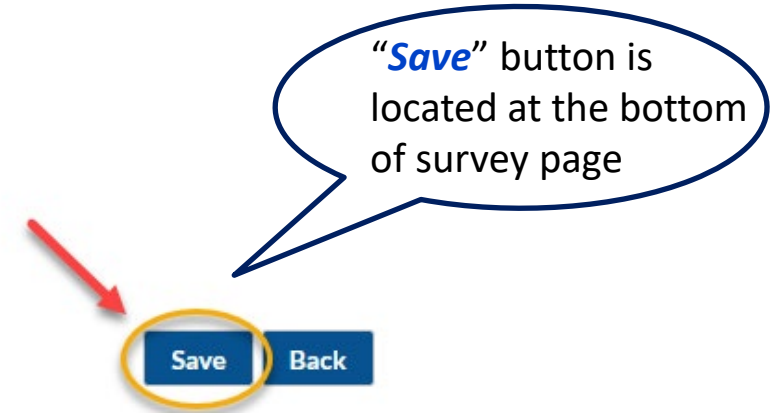


Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the num
receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey comp

Primary Service Type	Service Provided?	Number of residents
a. Long-term general nursing *:	☑	47
b. Long-term dementia *:	☑	20
c. Skilled nursing/Short-term (subacute) rehabilitation *:	☑	20
d. Long-term psychiatric (non dementia) *:	☐	
e. Ventilator *:	☐	
f. Bariatric *:	☐	
g. Hospice/Palliative *:	☑	10
h. Other *:	☐	
Total Resident Census on Survey Day:		97

Remember to *SAVE* completed survey

- Survey must be completed in one session as incomplete surveys cannot be saved.
- Survey must be submitted into the NHSN application and ***should not*** be sent to NHSN via e-mail.



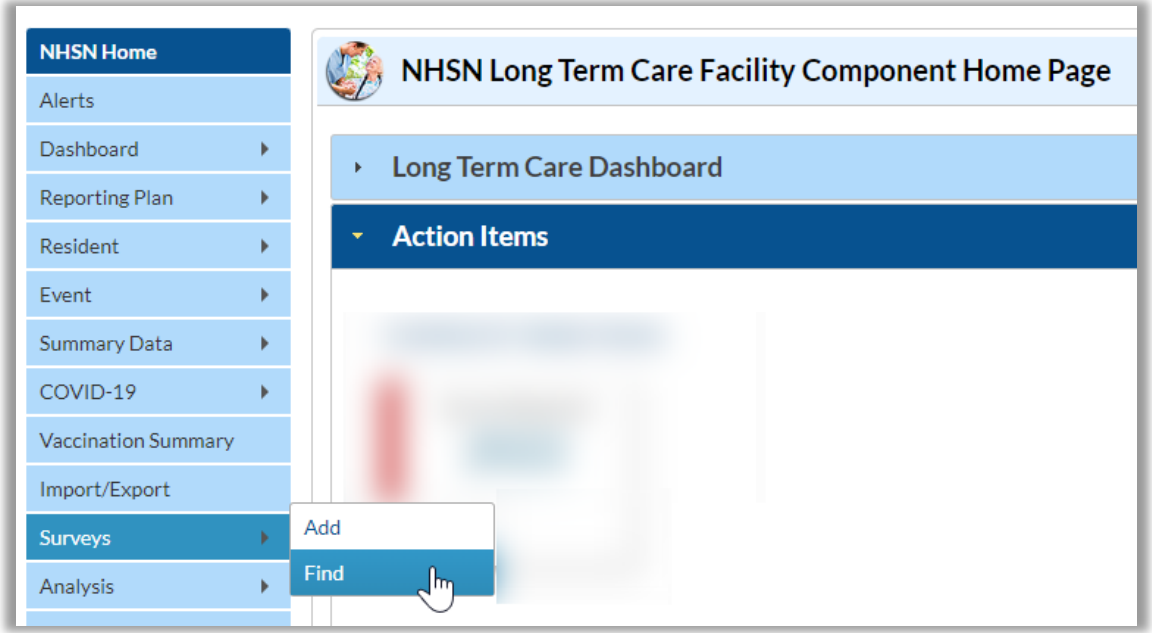
How to Review a Completed Annual Facility Survey

How to Review a Completed Annual Facility Survey

To review and/or print a copy of a submitted survey:

Step 1: On the navigation panel click **“Surveys”**

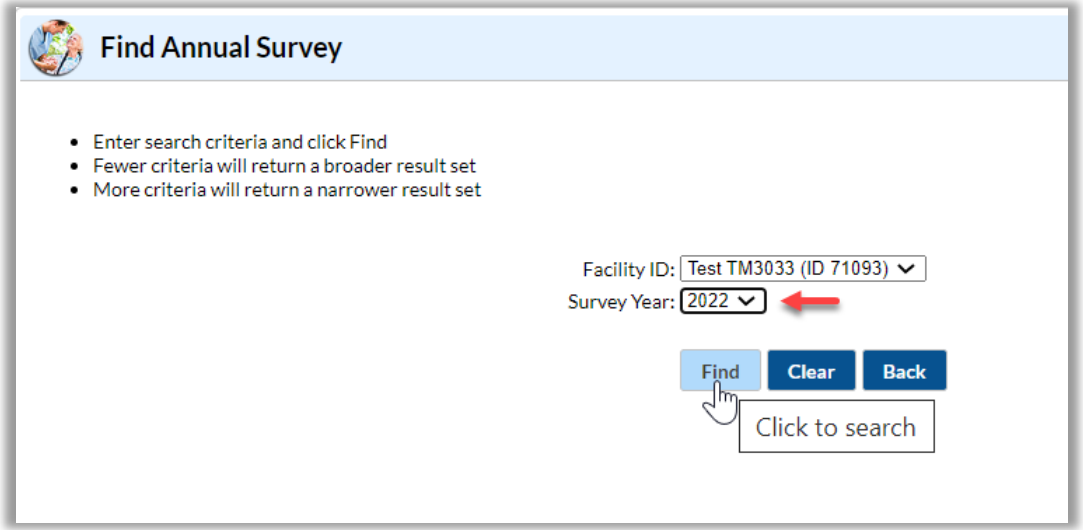
Step 2: Click **“Find”**



How to Review a Completed Annual Facility Survey - *cont'd*

Step 3: On the “Find Annual Survey” page select **“Survey Year”** in drop down

Step 4: Click **“Find”** to search



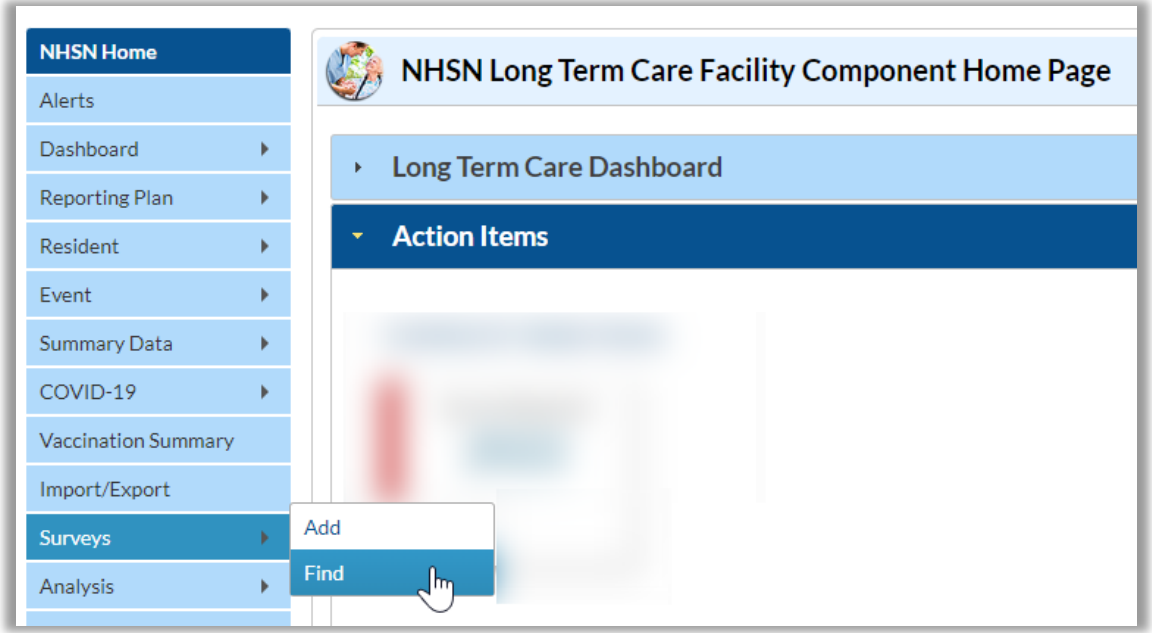
How to Edit a Completed Annual Facility Survey

How to Edit a Completed Annual Facility Survey

To review and/or print a copy of a submitted survey:

Step 1: On the navigation panel click **“Surveys”**

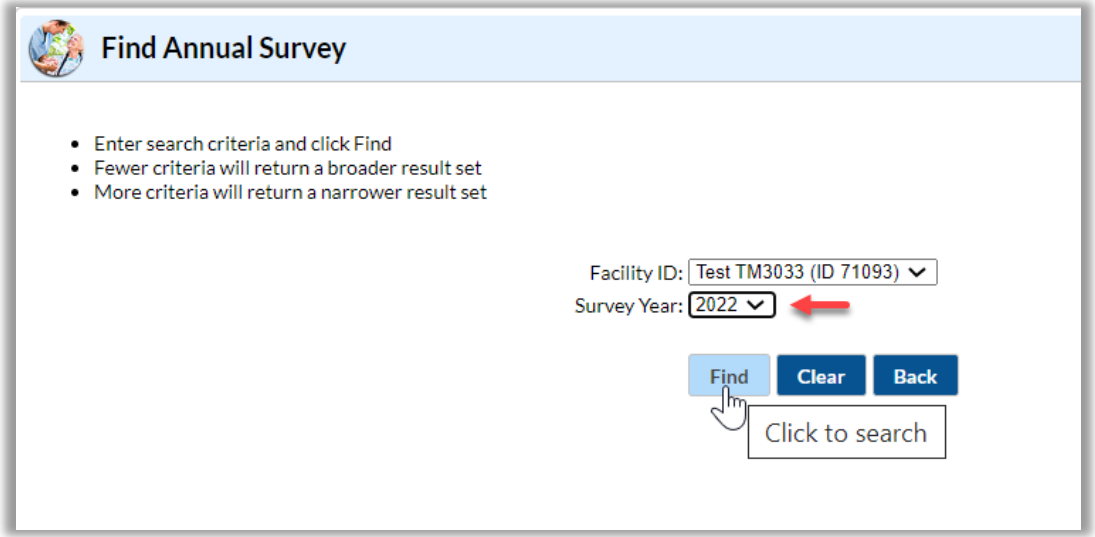
Step 2: Click **“Find”**



How to Edit a Completed Annual Facility Survey - *cont'd*

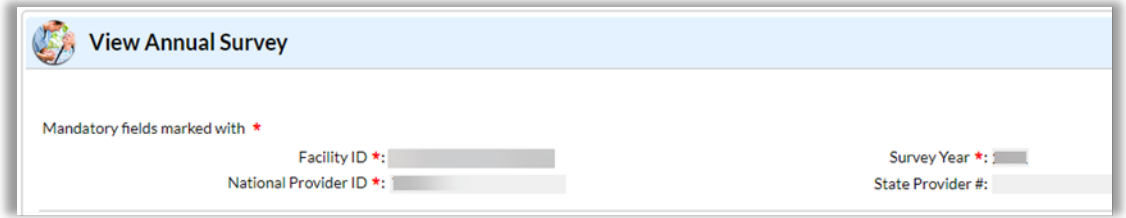
Step 3: On the “Find Annual Survey” page select **“Survey Year”** in drop down

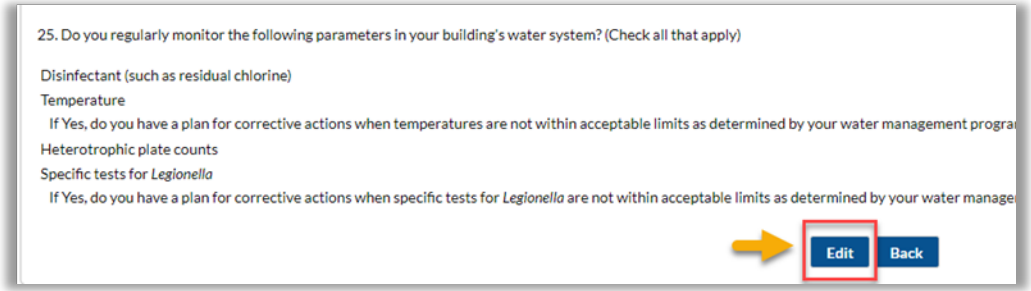
Step 4: Click **“Find”** to search



How to Edit a Completed Annual Facility Survey - *cont'd*

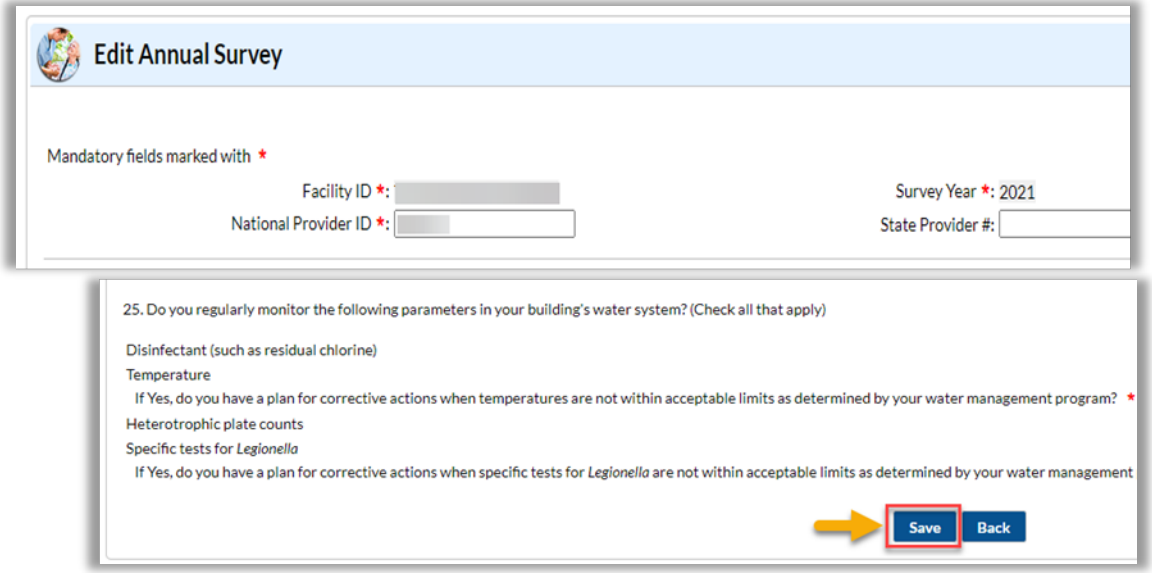
Step 5: On the “View Annual Survey ”page scroll to bottom of page and click **“Edit”**





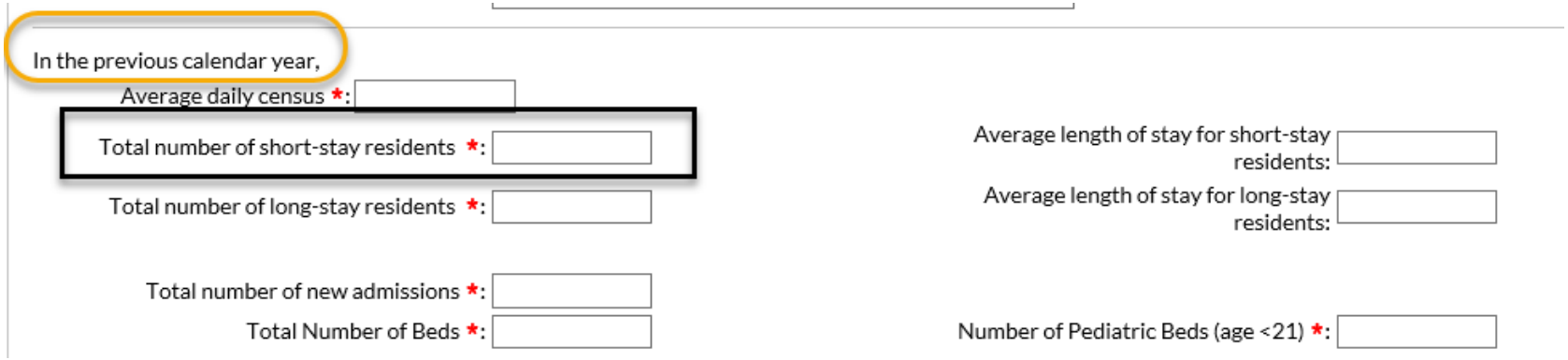
How to Edit a Completed Annual Facility Survey - *cont'd*

Step 6: On the “Edit Annual Survey” page, make your changes and Click **“SAVE”** located at the bottom of page



Common Issues with Completing Survey Questions

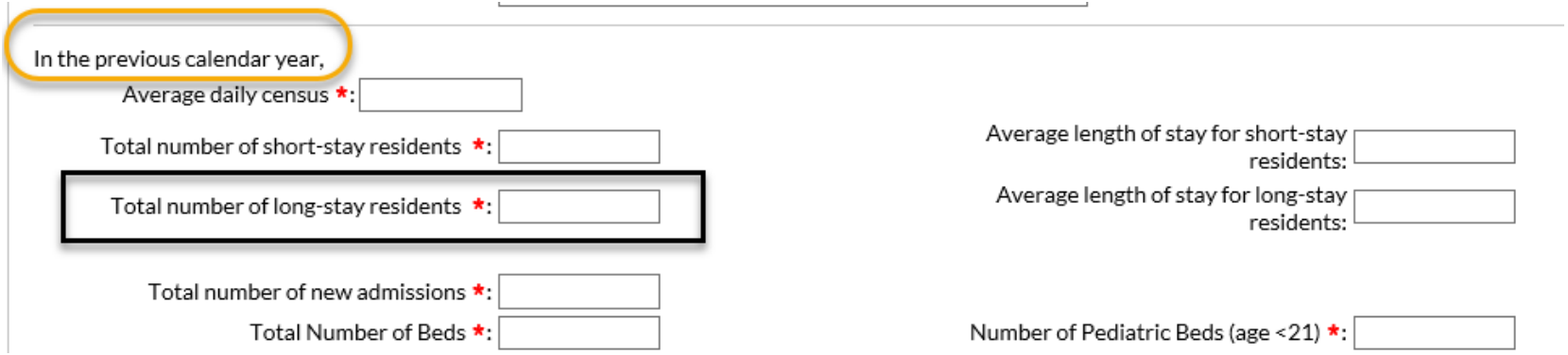
Total Number of Short-Stay Residents



Total number of unique residents who stayed ≤ 100 days in the previous calendar year.

Note: If a resident starts off as short stay but converts to long-stay, then count the resident in the total number of long-stay.

Total Number of Long-Stay Residents

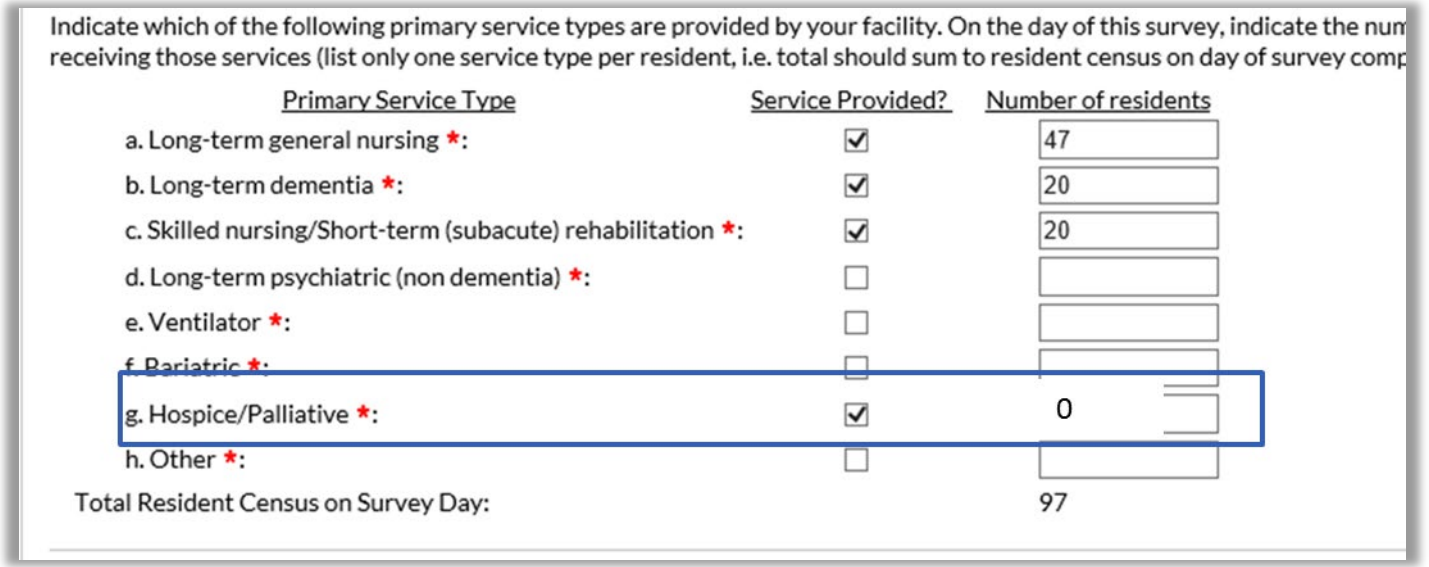


Total number of unique residents who stayed > 100 days in the previous calendar year.

Its Survey Time – What Services are being Provided?

- What should we do if we provide the service but have no one in house on the day of survey, e.g., we provide hospice, but had no hospice residents on the day of survey.

✓ **Checked the box to include the service and put a "0" for the count**



Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the num
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Primary Service Type	Service Provided?	Number of residents
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b. Long-term dementia *:	☑	20
c. Skilled nursing/Short-term (subacute) rehabilitation *:	☑	20
d. Long-term psychiatric (non dementia) *:	☐	
e. Ventilator *:	☐	
f. Bariatric *:	☐	
g. Hospice/Palliative *:	☑	0
h. Other *:	☐	
Total Resident Census on Survey Day:		97

Total Resident Census on Survey Day

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the num
receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey comp

Primary Service Type	Service Provided?	Number of residents
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e. Ventilator *:	☐	
f. Bariatric *:	☐	
g. Hospice/Palliative *:	☑	10
h. Other *:	☐	
Total Resident Census on Survey Day:		97

Total Resident Census on Survey Day must be less than or equal to **Total Number of Beds** *provided in previous section of survey*

In th previous calendar year,

erage daily census *: 90

Total numb of short-stay residents *: 25

Total number of lon stay residents *: 75

Total number of new admiss s *: 20

Total Number of Beds *: 100

Primary Testing Method for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? *

- ○ Enzyme immunoassay (EIA) for toxin
- ○ Cell cytotoxicity neutralization assay
- ○ Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- ○ NAAT plus EIA, if NAAT positive (2-step algorithm)
- ○ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- ○ GDH plus NAAT (2-step algorithm)
- ○ GDH plus EIA for toxin, followed by NAAT for discrepant results
- ○ Culture (C. difficile culture followed by detection of toxins)
- ○ Other (specify)

- Based on practices of diagnostic laboratory in which **most** resident specimens are sent.
- Contact diagnostic laboratory identify the primary diagnostic testing method for *C. difficile* used

Uncommon Testing Methods for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? *

- ○ Enzyme immunoassay (EIA) for toxin
- ○ Cell cytotoxicity neutralization assay
- ○ Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- ○ NAAT plus EIA, if NAAT positive (2-step algorithm)
- ○ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- ○ GDH plus NAAT (2-step algorithm)
- ○ GDH plus EIA for toxin, followed by NAAT for discrepant results
- ○ Culture (C. difficile culture followed by detection of toxins)
- ○ Other (specify)

- Before selecting cell cytotoxicity neutralization assay or culture, verify primary testing method with diagnostic lab.
- Most testing methods can be categorized by selecting from the options provided.
- 'Other' should **not** be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests.

Lab Testing methods

- What if you changed labs this year and the testing methods are different?

✓ **You will add the new lab to next year's survey. Remember, for 2022 survey, you are only including facility characteristics and practices for 2022. If labs changed mid-way through the year, include the primary lab tests your facility used for the majority of 2022.**

Resources

NHSN Resources

- LTCF Annual Facility Survey
  - LTC Annual Facility Survey
- NHSN Facility Administrator Re-assignment
  - Change NHSN Facility Administrator

Submitting a Question to NHSN

nhsn@cdc.gov

Submitting a Question to NHSN

When submitting a question to NHSN please include the following:

- The topic of concern in the subject line of request
  - ***For example:*** LTC: Annual Survey Issue with Submission
- Provide the facility name and the NHSN Facility Org ID or CCN#
  - (**Do not include in subject line – add in the body of email**)
- Include a screenshot (if possible) showing the screen and/or error of concern.
- Offer as much detail of the issue/concern as possible

Questions? nhsn@cdc.gov

Add the topic of concern in the subject line of request **"LTCF Annual Facility Survey"** in order to triage your inquiry to the appropriate subject matter expert.

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

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.