

NHSN Long-term care Facility component

JUNE 2017 NEWSLETTER

WELCOME TO OUR NEW ISSUE!

Welcome to the inaugural issue of the National Healthcare Safety Network's (NHSN), Long-Term Care Facility (LTCF) Component Newsletter! The LTCF component of NHSN was launched in 2012 to provide long-term care facilities with a resource to systematically collect data regarding infections, healthcare personnel safety, and prevention process measures. The implementation of NHSN as a public health

surveillance strategy allows facilities to monitor trends, track intervention effectiveness, and identify opportunities for prevention.

Participation in the LTCF component has grown exponentially in recent years. After the first year of the component's launch, there were just over 100 facilities enrolled. Today there are over 2,700 facilities enrolled. This is a tremendous accomplishment as there is a need to understand the national burden of healthcare-associated infections and to identify emerging public health threats among LTCFs.

The NHSN Long-Term Care Team recognizes that the growth in participation among LTCFs requires an increased commitment to support our users. Therefore, the goal of the LTCF newsletters is to provide an additional channel for communication and support. In each newsletter, the NHSN Long-Term Care Team will provide important updates and other information critical for the successful use of NHSN.

We greatly appreciate your partnership and hope that you enjoy this inaugural issue.

NHSN Long-Term Care Team



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HOW TO UPDATE NHSN ACCESS WHEN STAFF CHANGE AT YOUR FACILITY

RECOMMENDATIONS AND REQUIREMENTS TO MANAGE NHSN USERS

1. Get access to NHSN!

At least one staff member at the participating facility is required to be trained in and knowledgeable of how to report LTCF event data to NHSN.

2. Control who has access to your confidential data!

Once a user no longer requires NHSN access (e.g., he or she no longer

works for the facility), deactivate his or her user profile immediately. (See How to Deactivate an Existing NHSN User on page 4).

3. Have a backup user!

We recommend every facility have at least two users with administrative rights in NHSN. Not only does this simplify issues related to staff turnover, it helps to ensure someone can report and access data if the primary NHSN user is on leave (See How to Add a New User in the NHSN on page 2).

It is recommended to have at least two users with NHSN administrator rights

per facility.

HOW TO ADD A NEW USER IN NHSN

To add a NHSN user, you must have NHSN administrator rights.

1. Log in to your NHSN facility.

2. On the navigation menu to the left of the screen, click "Users," and then click "Add."

3. On the Add User screen, complete the required fields marked by an asterisk (*):

- Create a unique User ID with any combination of 32 letters and/or numbers. This User ID is not used to access NHSN.
- Enter the new user's email address. Important: the user must use the same email address for SAMS registration. The email address must be unique to the user and must not be shared by other staff members.

4. When all required fields are complete, click the "Save" button.

• An invitation to CDC's Secure Access Management Services [SAMS] is automatically sent to the email address provided when the new user profile is saved.

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5. On the Add User Rights screen, assign the user NHSN rights under "Long-Term Care" (and Healthcare Personnel Safety, if that Component is also in use).

6. Click the "Save" button to assign the selected rights to the user.

TROUBLESHOOTING

If the new user does not receive an email with further instructions , please check	•	The user's email address submitted to NHSN is correct.
the following:	•	The message is not in his or her "junk" folder.
	•	Emails from NHSN and CDC are permitted by the organization's spam filters.

UPDATE TO NHSN ENROLLMENT- GUIDANCE DOCUMENT

New <u>Guidance Document</u> available on email use for NHSN and SAMS registration. See where to find it below.

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NHSN Login	Surveillance for C. difficile, MRSA, and othe	r Drug-resistant Infect	ions
About NHSN +	f У 🕂		
Enroll Here +			
Materials for Enrolled – Facilities	Resources for NHSN Users Already Enrolled		New Users - Start Here
Ambulatory Surgery Centers +	> Training		
Acute Care + Hospitals/Facilities	> Protocol		
Long-term Acute Care + Hospitals/Facilities	> Data Collection Forms		
Long-term Care Facilities	> Supporting Material		Step 1: Enroll into NHSNStep 2: Set up NHSN
Surveillance for C. difficile and MRSA Infections	> Guidance Documents		Step 3: Report <u>Click here to enroll</u>
Surveillance for Urinary Tract Infections	> FAQs		

HOW TO DEACTIVATE AN EXISITING NHSN USER

To deactivate a NHSN user, you must have NHSN administrator rights.

- 1. Log in to your NHSN facility.
- 2. On the navigation menu to the left of the screen, click "Users," and then click "Find."
- 3. On the Find User screen, click the "Find" button. (Search criteria are not required).

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4. Select the checkbox next to the name of the user to be deactivated and click "Deactivate."

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- 5. Once deactivated, a confirmation message will display in the upper left corner of the screen:
- 6. Click the "Save" button to assign the selected rights to the user.

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FREQUENTLY ASKED QUESTIONS...

Question: Our LTCF participates in the CDI LabID Event module. If a resident is admitted to the local hospital where a stool specimen is collected and tests positive for *C. difficile*, do I report the positive lab result to NHSN?



Answer: No. Specimens collected during an admission in another facility (e.g., acute care facility) are not reported by the LTCF. LTCFs should report a CDI LabID event for a resident only if the positive specimen is collected while the resident is receiving care by the LTCF. The only exception is when a specimen is collected from an outpatient setting, such as an emergency department or clinic and the resident returns back to the LTCF on the same calendar day of the outpatient visit or the very next calendar day. In these situations, the specimen collected from the outpatient location should be reported by the LTCF as if the resident never left the LTCF.

Question: When a resident has been transferred from an acute care facility in the past 4 weeks, how do I know if he/she was receiving treatment for *C. difficile*?

Answer: Residents admitted from an acute care facility always have an admission/transfer medication list (which is verified by an RN/clinician) upon arrival to the facility. The most common medications used to treat Clostridium difficile are oral (PO) vancomycin and/or oral (PO) metronidazole (Flagyl); Fidaxomicin may also be use, although much less frequently. In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for C. difficile since these medications could be prescribed for other conditions.

Question: What does Resident Days mean on the Summary Data page?

Answer: Resident days is a <u>daily</u> count of the number of residents in the facility location during a time period. To calculate resident days, for each day of the month, at the same time each day, record the number of residents in the facility. At the end of the month, sum the daily counts and enter the <u>total</u> into NHSN. See below example. When resident days are available from electronic databases (e.g., ADT-admission, discharge, transfer records), these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts.

Date	*Number of residents
1	
2	
3	
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	nent daily counts
30	
	Submit to NHSN
30	

DID YOU KNOW?...

• **Resident days** is used as the denominator to calculate certain infection rates in long-term care facilities. For example: Total CDI Rate/10,000 resident-days = Number of CDI LabID Events per month regardless of time spent in the facility (i.e., CO + LO) / Number of resident-days per month x 10,000.

• *C. difficile infection* (CDI) rates can be used to assess the burden of CDI among residents in the facility by comparing the monthly rates. High or increasing long-term care facility-onset incidence rates should prompt a facility to evaluate more closely the CDI cases to look for clustering in a location or risk factors among residents like recent antibiotic use, which could be addressed to reduce spread of CDI and new infections. Decreasing rates may reflect the impact of prevention efforts to reduce CDI such as improved antibiotic stewardship or better staff adherence to gown and glove

use during care of residents with known *C. difficile* infection. Since inaccurate reporting of monthly resident days could result in a facility's calculated rates being falsely high or falsely low, it's important for facilities to be as accurate as possible when submitting total number of resident days to NHSN.

QUESTIONS ABOUT NHSN?

Contact us at nhsn@cdc.gov with "LTCF" in the subject line and we will respond to your inquiry.