

NHSN Acute Care Location Mapping in Response to the COVID-19 Pandemic

As facilities face an increase to their patient population due to COVID-19, it may become necessary to revise how certain locations are mapped or to add new locations. Please review the [PSC Location Chapter](#) for more information on criteria for location mapping.

Here are some items to consider while mapping locations in response to the COVID-19 pandemic:

- If a *new unit* opens to accommodate COVID-19 patients, map a new location to the most appropriate NHSN CDC Location Description.
- If an *existing inpatient unit* is temporarily used to accommodate COVID-19 patients and the addition of these patients changes the patient mix of the unit (80% rule for acuity and service type), inactivate this existing inpatient unit and map a new location to the most appropriate NHSN CDC Location Description. *For more information please see the FAQ regarding [Change in Patient Type](#).*
- If existing inpatient unit(s) are moved or relocated to make room for COVID-19 care units/areas:
 - If the existing unit is moved to a different floor and the patient mix stays the same, this unit does not have to be re-mapped.
 - If two or more existing units are temporarily combined for COVID-19 care and the patient mix changes, inactivate both existing locations for now, and map a new temporary unit to the most appropriate CDC Location Description for the combined patient mix.
- If an *existing outpatient unit* (for example, *emergency department* or *24-hour observation unit*) is converted due to a surge or expansion of an inpatient unit and *additionally* houses inpatients, then map a new location for the number of beds designated for COVID-19 patients to the most appropriate NHSN CDC Location Description.
- For facilities that map new temporary units in NHSN, consider using a naming convention for the 'Your Code' or 'Your Label' to help you identify these locations as units utilized for COVID-19 patient care; for example, "5WEST C-19". These temporary locations can be inactivated when no longer needed.
- Update applicable monthly reporting plans with the new, active locations that may be included in your facility's HAI surveillance.

Potential Scenarios

Bed Size

1. My facility is adding more beds to a unit to accommodate COVID-19 patients. Do I need to change/edit the number of beds in the NHSN location manager?

Recommendation: Since the number of beds might fluctuate during this pandemic, it is not necessary to change the number of beds in NHSN.

2. Should I make changes to the number of beds in the annual facility survey due to the addition of beds to accommodate COVID-19 patients?

The NHSN Annual facility survey collects data from the previous calendar year. The 2019 Annual Survey should not be changed to reflect the current situation at your hospital.



New and Existing Units

3. My facility is repurposing some units as isolation units due to COVID-19. I would like to change the 'CDC location description' for these units.

Recommendation: The CDC location description cannot be changed for locations currently in use. If the addition of COVID-19 patients results in a change to the mix of patients, and the COVID-19 patients are separated from the other patients in this unit, consider mapping a virtual unit. Otherwise, a new location should be created and mapped to cover 100% of the patients, using the NHSN 80% rule. Below are possible locations you can map; specifically, a respiratory critical care unit or a pulmonary ward. If these locations do not adequately describe the patients in this unit, please refer to the Patient Safety Manual Location Chapter for additional options: [PSC Chapter 15 Location Mapping](#).

Respiratory Critical Care	1033-0	IN:ACUTE:CC:R	Critical care area for the evaluation and treatment of patients with severe respiratory conditions.
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Pulmonary Ward	1069-4	IN:ACUTE:WARD:PULM	Area for the evaluation and treatment of patients with respiratory system conditions or disorders.
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4. We are adding overflow ICU and acute care units to accommodate COVID-19 patients. Are there any implications or guidance from CDC for overflow wards and NHSN reporting?
- Recommendation:** We recommend that if a whole unit opens that the unit be mapped as a new NHSN location. Refer to the guidance on [Mapping Overflow Units](#).
5. Our facility is repurposing certain units to accommodate COVID-19 patients. For example, our surgical unit, will no longer be housing surgical patients, but will now be used for the care of COVID-19 patients. How should I reflect this change in NHSN?

Recommendation: We recommend that you inactivate the unit that is being repurposed and remove it from your monthly reporting plans at the beginning or end of the month. Map a 'new' critical care location for these beds using the NHSN recommended location mapping. Add the 'new' critical care location to your monthly reporting plan for HAI surveillance and reporting; This is a temporary location and should be inactivated when no longer needed for this patient population. For units that are non-patient care locations, there is no need to inactivate the current mappings, since they do not routinely collect denominator data. See FAQ for [Inactive Locations](#)

Emergency Departments

6. We are converting a portion of existing Emergency Department (ED) beds for use with COVID-19 patients. This would decrease the number of 'true' ED beds but again, denominator data is not collected in the ED so no effect on patient days/device days per se.

Recommendation: Map a 'new' critical care location for the number of beds within ED designated for COVID-19. This is a temporary location which would be inactivated when no longer needed. If part of the ED is still housing non-COVID-19 patients, then keep this ED active in NHSN FacWideIn surveillance.

Additional Resources

Locations FAQs: <https://www.cdc.gov/nhsn/faqs/faq-locations.html>

For any questions, please contact the NHSN Helpdesk: nhsn@cdc.gov

